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ASSISTED BY

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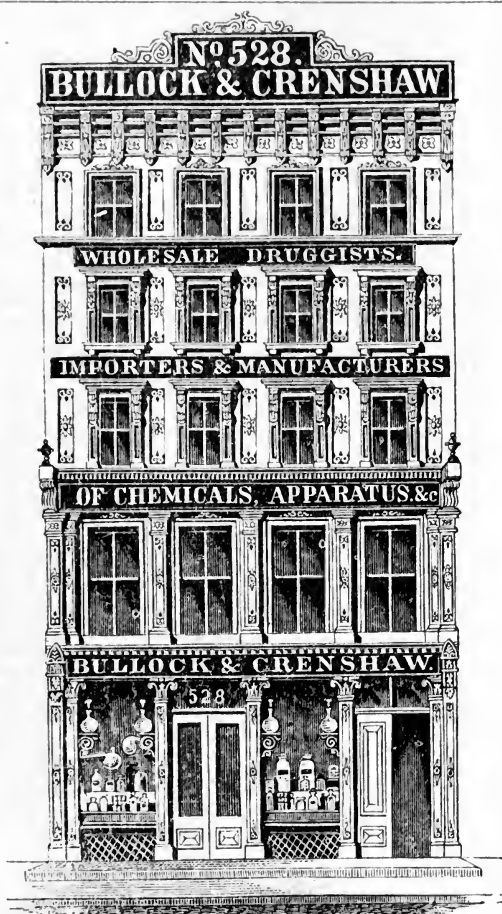
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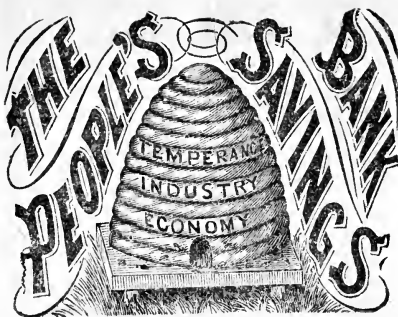
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NEW SERIES. }
VOL. I. }

JANUARY, 1877.

No. 1.

Original Communications.

Infusoria.

BY DR. ROBT. F. NOYES, PROVIDENCE, R. I.

When the microscope threw widely open the field of observation and permitted man to see more, even, than he had anticipated, there was discovered by Leeuwenhoek in water collected in vessels a number of living organisms of minute size. The organisms in question, because of their microscopic size and animal organization, were, by their discoverer, termed animalcules. The name of infusoria applied to the same organisms is of later date, based upon the fact that they are found in decaying infusions of various kinds. From the time of their discovery, in 1675, to the present, no subject perhaps in general physiology has been more thoroughly discussed than that bearing upon the origin of the minute bodies under consideration. Physicists have entered into the discussion with zeal, in order that they might ascertain the origin of the infusoria; but more

particularly that they might investigate the long vexed question of spontaneous generation. From the days of Aristotle, the sage philosopher, to the present, the doctrine of spontaneous generation has received the attention of the physicists. It has been accepted as legitimate and rejected as false according to the light of natural history, and oscillation of the scientific pendulum. But it is proverbial that at every revolution of the scientific world the doctrine under consideration has found itself restricted to narrower confines. In the days of the Grecian philosopher referred to, it was supposed that clams, oysters and shell-fish generally, were produced from the mud in which they were found; that wood-ticks came from the wood which they inhabited, and that book-lice originated in the leaves of old manuscripts.

The discovery of the Mammalian egg in 1827, and the consequent inauguration, some later, of the doctrine "*Omne Vivum ex Ovo*" did much toward settling the vexed question of spontaneous generation. But while the microscope was settling the modes of origin, and the manner of reproduction of many species, it was at the same time discovering new species whose origin and modes of reproduction are so intricate as to baffle the scientific investigations of to-day.

The present status of science is such that the existence of the doctrine of spontaneous generation is entirely dependent upon the uncertainty of the modes of origin of the infusoria. Conclusively show that the minute organisms in question obey the ordinary laws of reproduction, and the doctrine of Archebiosis falls at once to the ground. The question of the origin of the infusoria was discussed at length in 1748, by John Tuberville Needham and Lazarus Spallanzani. The position taken by Mr. Needham and the argument employed may be briefly stated. He originated the idea that the infusoria originated from decaying organic matter. To prove his hypothesis, he

placed "hot" from the fire into phials and tightly corked them, several organic infusions. In a few days the phials teemed with life. Spallanzani repeated the experiments, raised the temperature to the boiling point, and continued the ebullition for one hour. Subsequent examination revealed no infusoria. But, says Mr. Needham, the prolonged boiling has not only killed the germs, but has so changed the organic infusion as to prevent the ordinary and legitimate result. This difficulty was soon elucidated by Spallanzani, who conclusively showed that the prolonged boiling did not prevent the appearance of the infusoria when atmospheric air was admitted. Perhaps the absence of air in the hermetically sealed vessels was the sole cause for the non-appearance of the infusoria, and Mr. Needham claimed that a change of air is essential for the process of organization. To destroy the atmospheric germs, and allow of a free circulation of the air now became the problem. This was accomplished in 1836-7 by Schultze and Schwann, by two different methods. Schultze took an ordinary glass flask half filled with an organic solution, subjected it to the boiling temperature, and then renewed the air by allowing it to pass through glass bulbs, some of which contained sulphuric acid, others liquor potassae. Schwann took a similar solution and provided for the free introduction of air by allowing it to pass through tubes heated to six hundred degrees. The specimens subsequently examined presented no evidence of animal life.

At this time it was conceded that the atmosphere was loaded with minute particles of matter. The presence of germs or spores was hypothetical. The dust rendered visible by the passing sunbeam, and the products collected upon mirrors in secluded places were microscopically examined, when the experimenters found that starch corpuscles, dust particles and debris of clothing formed the greater mass of the dust in question. Air taken from the summit of Mont Blanc amid eternal

snows, from the scorching Egyptian plains, from the busy markets of Constantinople, and snow-flakes caught in the air were melted, all were subjected to a critical microscopic test with very negative results as regards the presence of organic germs or spores. Only a few in reality existed here and there; if many were seen by some, doubtless the imagination was responsible for this multiplicity.

In 1858 M. Pouchet, of France, maintained the doctrine of spontaneous generation, claiming that in the case of the infusoria it had succeeded in his hands. He announced that he had repeated the experiments of Schultze, but with different results, and from a boiled infusion of hay he claimed the production of a fungoid vegetation. He collected the dust-like particles of the air, closely examined them, and concluded that the atmosphere was poor in organic germs, and that the number was entirely inadequate to account for the abundance of the infusoria in the solutions tested. The subject at this point was then taken up by M. Pasteur, an eminent chemist. He was determined to show whether the atmosphere, in coming in contact with the solutions, brought with it, besides oxygen and hydrogen, anything connected in anyway with life. He took sixty glass flasks, filled them to one-third of their capacity with a solution of yeast. He at once raised the solution to the point of ebullition and hermetically sealed the flasks. Twenty of them he opened and resealed about the level of the sea. Twenty at an elevation of twenty-five hundred feet, and the remaining twenty at an elevation of six thousand feet. Upon examination it was found that of the first twenty, eight presented evidence of living organisms; of the second twenty, five teemed with infusoria, and of the third twenty, a single one only presented similar evidence.

These conclusions would seem to accord with the doctrine of atmospheric germs, for it is fair to suppose that the atmosphere

is more thoroughly loaded with organic spores or germs near the surface of the earth than it can be at various elevations above the level of the sea. But M. Pouchet performed similar experiments with different results. The debate between these two eminent gentlemen, members of the Academy, became so enthusiastic that each stated his position in definite terms.

M. Pouchet said "I assert that, from whatever region of the globe I take a quantity of atmospheric air, if this air be placed in contact with a putrescible liquid in hermetically sealed vessels, the liquid will invariably become filled with organisms."

M. Pasteur said "It is always possible to obtain, in a particular locality, a notable volume of atmospheric air, which, without having been subjected to any physical or chemical modification, is nevertheless incapable of exciting any change whatever in a putrescible liquid."

The position of one being so diametrically opposed to that of the other the Academy appointed a committee of investigation. M. Pasteur took sixty flasks, as in the first experiment; of these, nineteen were opened and sealed in the amphitheatre, nineteen at the top of the dome of the same building, and eighteen a few miles from Paris in a grove. At the expiration of four months an examination demonstrated that thirty-three flasks had remained entirely unchanged. Hence, it became the duty of the committee to announce that the assertions of M. Pasteur, contested by M. Pouchet, were of the utmost exactitude.

The experiments of Prof. Wyman may be of interest in this connection. Indeed, it may be said that the investigations of Spallanzani in 1776, and those of Prof. Wyman in 1867, have contributed more towards settling the question of the origin of the infusoria than all other experimenters combined. Spallanzani showed that a prolonged boiling did not so change the solutions as to prevent the appearance of the infusoria when at-

mospheric air was admitted. Prof. Wyman clearly showed that the number of the infusoria was directly in proportion to the degree of heat employed, and to the time the ebullition was continued, and that the boiling could be sufficiently prolonged as to entirely prevent the appearance of the infusoria.

It has generally been conceded that a temperature of 212° for a short time, is sufficient to do away with the vitality of all germs and spores. That such a concession is without sufficient reason is evident, both from general principles and from specific investigations. It is well known that one species will thrive in a temperature which is fatal to another, and that the germination of seeds, and the unfolding of cells is entirely dependent upon the circumstances under which they are placed. Prof. Wyman showed that a short boiling diminished the number of the infusoria, and that a prolonged boiling did away with them entirely in the solutions tested. The experiments of M. Pouchet are also opposed to this view, for he found that the seeds of the Brazilian Marecago, after four hours boiling, retained their physical properties, and when planted germinated and produced progeny in the likeness of their parents.

The question of the origin of the infusoria, both at the time of their discovery and in 1838, when Ehrenberg published his magnificent work with colored plates was different than it is at the present day. Then the origin of the infusoria as a class was the question. To-day it is the origin of certain individuals of that class. Science, as time has advanced, and as the powers of the microscope have increased, has caught many of the infusoria in their reproduction, and has removed them to other species so that to-day a very small portion of the infusoria only remains without a satisfactory origin. The origin of the ciliated infusoria constituting more than three-fourths of all infusoria as now understood is no longer a question. Science has settled their origin. They are not of spontaneous development, but many of them are produced from eggs.

The question of the present day has reference to those infusoria, which are situated upon the very verge of the microscopic world. Many of these present no evidence of an internal organization. They are minute specks indicating their vitality by their heterogeneous motions. Of the two genera most frequently observed, one has received the name of Bacterium, the other of Vibrio. It is the origin of these and one or two others, less common but similar genera, which is in dispute to-day.

Shall we accord to these minute bodies a spontaneous origin, or shall we urge the doctrine, or some modification of it, of "*Omne Vivum ex Ovo?*" In refutation of their spontaneous origin, it may be said that the reproduction of all species, except a few genera of the infusoria, is accounted for in some other way. The experiments of the past are by far more hostile than favorable to the doctrine of their spontaneous origin, and an analysis of the experiments almost conclusively shows that when the temperature has been sufficiently high, and sufficiently prolonged to destroy the germs and spores, no infusoria have manifested themselves in the solutions under consideration. Judging the future by the past, it is fair to presume that science will soon explain the modes of origin of the genera in question.

It may be objected that an argument prospective and analogical is not the most valid, and that it is immaterial how the other species are developed, or how this species under consideration may have originated. But it may be urged that it is material and really the question at issue, how the Bacteria and Vibrios have appeared upon the globe. In this connection it may be said that to establish their spontaneous origin, it is incumbent upon its adherents to show conclusively that the genera in question have originated in hermetically sealed vessels containing infusions, which could have by no possibility contained germs

or spores. Until they have done this they must be content to rest their doctrine upon hypothesis simply.

Following the recognized legal law of preponderance of testimony, the unbiased observer at present must reject the doctrine of spontaneous generation, remain neutral, or advocate the doctrine of "*Omne Vivum ex Ovo.*"

Report of a Case where Castration was Performed for the Radical Cure of Spermatorrhœa.

READ BEFORE THE DETROIT ACADEMY OF MEDICINE BY F. A.
SPALDING, M. D.

A little more than two years since I was consulted by a gentleman of this city, in reference to the condition of his son, then fourteen years of age, who was suffering the most deplorable consequences of spermatorrhœa, induced by masturbation. The previous history, as given by the father, was as follows: The mother having died during the child's infancy, he was entrusted to a nurse, who continued to superintend the care of the child until he was eight years of age. The father at that time having again married, the boy was brought home, and it was very shortly discovered that he was practicing masturbation, and that even at this early age (8 years) although of course there were no seminal emissions, still the excitement of the genital organs was already a confirmed habit. On interrogating the nurse she admitted that she had taught, or allowed the child, when only six months of age, to play with the genital organs to ensure quiet; and that the practice had been continued ever since.

The impending danger which threatened the boy now dawning upon the father's mind, prominent medical aid was secured, and no pains spared to arrest the trouble, but without avail. In

addition to medicinal remedies, mechanical appliances of various kinds were employed but proved equally futile. Without interruption the trouble persistently continued until the boy reached the age of twelve years when seminal emissions began to accompany the almost continual genital excitement, the emissions speedily becoming diurnal as well as nocturnal.

It was now that the drain began to tell upon his physical and nervous systems, with physical debility, and more or less constant pain in the head. The boy became listless, depressed in spirits, forgetful, and almost totally indifferent to all moral obligations—unable longer to attend school and compelled to be kept under the most strict surveillance at home, for the youth would halt upon the street, and regardless of all passers by silently to indulge in his all-absorbing passion; and thus the malady progressed until the boy who up to the age of twelve years was possessed of average intellectual powers, was at the age of fourteen a fit subject for the insane asylum.

Such was the aggravated nature of the case when I was first consulted.

After the faithful employment of the ordinary anaphrodisiac remedies, as well as various local applications, resulting in little or no beneficial effect, in view of the fact that medical treatment almost continually employed since the boy was eight years of age had availed nothing toward arresting the disease, and also that the only other alternative left him was the insane asylum, and his removal thither could not at most be postponed beyond a few months, I considered that as a last resort to save him from imbecility and the insane asylum, castration although a desperate measure was not only justifiable but advisable, and accordingly after the most mature deliberation, advised the operation.

Disliking to assume the entire responsibility of this extreme measure, especially since we have little precedent for it in medi-

cal literature, I called in consultation Dr. Geo. P. Andrews of this city, who fully concurred with me in the advisability of the operation.

I also consulted by letter Dr. Gray of Boston, who was already familiar with the boy's previous history, he having been the medical adviser of the family for several years. He also expressed his entire approbation of the measure proposed. I also consulted by letter Dr. Van Deusen, superintendent of the Kalamazoo Insane Asylum, making inquiry relative to the prospect of improvement if removed there, but received little encouragement of benefit; he also sanctioned the proposed operation.

With the sanction therefore of the gentlemen above mentioned, on the 15th day of Sept., 1874, I performed castration, removing both testicles, in the presence of Drs. Johnson, Howard, Hibbard and Pearly. The operation I shall not stop to describe, it being performed after the manner described in works on surgery, simply stating that the wound healed favorably, one ligature coming away on the sixteenth day and the other on the twentieth day after the operation.

At the father's suggestion, with my endorsement, the boy was at once removed from all former associations, and most fortunately a place was secured in a gentleman's family in the country and of whom it is but due to say that not only has no pains been spared, but also that the most praiseworthy and untiring efforts to aid the mental and moral developement of the boy have been exerted. He has been kept at school a portion of the year, and at home has been learned business habits and surrounded by every home influence tending to elevate the mind.

When the boy went there, two years ago, immediately after the operation, he had the simplicity of a child eight years of age, and but a step removed from imbecility; but it was almost immediately apparent after the operation that a dark cloud had been removed, and the boy very soon began to manifest an interest in

life unknown before. He applied himself to reading and study with a creditable amount of enthusiasm; the most marked and rapid improvement was discernible in the letters written to his father. He has acquired business habits and although perhaps not an average boy of his age—unable in the short space of two years to remedy entirely the defects caused by the blank in his life—is from this time competent to earn a livelihood.

Compare this with the rapidly developing imbecility of two years ago, and who will dare to say the end has not justified the means? The result has exceeded my most sanguine expectations, and I have recorded this as a test case upon which I shall not hesitate to base my treatment in the future. While I wish to be understood as advocating this measure only as a *dernier resort*, it is evident that it should not be deferred until the mind is too much impaired, for the *cause* being removed, further mental deterioration is arrested; the patient's intellect, which has been narrowed down to one channel is left free to expand, with a reasonable possibility of developing the fragment of mind yet remaining, while the physical defect proposed could not weigh against the mental imbecility so rapidly developing. Indeed, in my judgment, no physical defect can compare with loss of mind.

Cases in Practice.

BY T. CURTIS SMITH, M. D., MIDDLEPORT, O.

INTESTINAL OBSTRUCTION.

In December, 1874, I was called to Mr. L. German, æt. 32, miner, of general good health—stout, short build, temperate, dark complexion. He had been ill four days, during which time it had been found impossible by his physician (whom he had discharged) to secure any movement from the bowels. He was

suffering intense abdominal pain, extreme gastric irritability, meteorism very great, pulse 120, weak, and remittent; skin hot, tongue very red, great thirst, but everything swallowed was immediately rejected. I could distinguish no tumor anywhere in the abdomen, but found most tenderness about the ileo-cæcal valve. R Atropiæ Sulph grs j Aquæ ʒi, M. S., take four drops every two hours until the throat becomes quite dry, then repeat every four hours. To have opium q. s. to relieve the excessive pain, and to swallow pellets of ice ad libitum. Securing a Davidson's syringe, I had him placed on his knees with his face down on the bed, the hips being elevated very high by two pillows being placed under his knees. I now pumped into his bowel a half bucket full or more of tepid water which he retained for thirty minutes, still remaining on his knees, with his head low. When this came away nothing came with it, but it had a distinct fœcal odor. This was repeated again in an hour, when two small hard fœcal lumps came away. I then left, ordering the enema to be repeated every two to four hours, according to the strength of the patient. On returning twelve hours later, found him much easier; and that after the two last injections (fourth and fifth) considerable hard, crumbled fœcal matter had been voided, but no flatus had passed off, and there was evidence that the obstruction was not removed. As the stomach was much more retentive, I added to the previous treatment: Ext. Nux Vom. gr. ss. every four hours, and Sulph. Magnesia scruple ij every hour; continued the Atropia, and used the opium as pain demanded; enema every four hours. This treatment was continued for thirty-six hours without change. After each enema a small quantity of fœcal matter came away. At the end of the time (36 hours) he suddenly felt an irresistible desire for a movement, when, being placed over the vessel, he voided an immense quantity of very black fetid fœces, and immediately expressed perfect relief from all trouble except weakness, which was very great, as he has taken no food that he could retain for six days except a few glasses of milk within the last 36 hours. His recovery was rapid from this time onwards.

The above illustrates my practice in all cases of obstruction of the bowels, and the plan, if well executed, will generally succeed. There can, as I believe, be no reason for giving severe or very strong cathartics in obstruction from local accumulation. These had been thoroughly tried for four days, prior to my first visit, and, as usual, had only added to the patient's distress, by increasing gastric irritability and congesting, probably inflaming the small intestines. The atropia was given partly because it is one of the best cardiac and respiratory stimulants, and partly for its stimulating effect over the intestinal mucous membrane.

The cathartics being at first discarded, opium to relieve pain, is also indicated for its additional effect of relaxing any muscular spasm that might exist in the fibrous coat. The object of the large enema, so often repeated must be apparent to all. The magnesia sulphate was given in small and often repeated doses, on account of its well known power to liquify hardened faecal masses anywhere in the alimentary canal, but even this cannot be successfully used while the stomach is very irritable. The nux vomica was used to give tone to the general nervous system, and the ice to quiet the irritated stomach. Whether the theory is correct or not, the results of this plan of practice have, as far as I know, always been satisfactory.

A few days after seeing the above case I was called to the country eight miles to see Mr. S., æt. about 54. His case had been very similar in its symptoms to the one above. The drastic cathartic plan had been thoroughly tried, in this case more by the family than by his physician. As the patient was moribund when I arrived, it was decided not to attempt anything further than to smooth his path to the grave as much as possible. In this case invagination may have existed. If so, cathartics were contra-indicated. They were, as used, none the less hurtful if it was obstruction. In either case the very large enemata given with the hips highly elevated might have effected relief,

and would most probably have succeeded had it been obstruction, especially if used in connection with other proper treatment. The regular medical attendant in this case was called too late to afford relief.

SPONTANEOUS SOLUTION OF A CATARACT.

In April, 1870, Mr. D., æt 68, came to my office complaining of intense pain in the right eye, which was cataractous. The conjunctiva was much congested. *R Atropiæ sulph. grj aquæ ʒii M.*, S. drop into the eye every two to four hours as pain may require. A half hour later, his son came hastily to the office, stating that the "medicine had set his father crazy" with pain, that it was "vastly worse than before using it." This seemed a little singular to me; so I went to see him. His ocular pain was extreme. Gave morphia hypodermically, which moderated his suffering promptly. An examination of the eye now disclosed the existence of posterior synechia. The atropia had not very perceptibly dilated the pupil in consequence of the adhesions of the iris to the lens. A month later it was noticed that the cataractous lens was disappearing. Its slow but gradual solution continued, until two years later he could see objects between himself and the light. He can, with that eye, at present count fingers or small objects at a distance of six feet, and can distinguish the color of a horse a hundred feet. The cataract has not completely, but quite disappeared. It is probable that with a proper glass he could see quite well with it; but having one good eye he does not especially miss the one that is affected.

PIN IN THE ŒSOPHAGUS.

In November of 1876, Miss M., came, stating that she had swallowed a pin accidentally. As it was beyond reach, and its location indefinite, I ordered an emetic of zinci sulph. She stated, however, that she could feel it about the middle of the neck.

The emetic acted promptly, but no pin appeared. Two hours later, saw her at home, with my friend Dr. E. C. Fisher. Various efforts were made to remove the offending pin, which now seemed to be located about four inches below the throat and evidently sticking deeply into the tissues. The pain in the left side of the neck and shoulder seemed quite severe and was increased and spasmodic on making efforts to swallow. All efforts having failed to secure it or push it aside, I went to my office, and covered a large sponge probang with four layers of mosquito netting. This we thought would remove or dislodge the pin. On passing it down the *œsophagus*, no resistance seemed to be offered by the pin, but on withdrawing it, there was felt at one point a distinct resistance. No pin, however, came up with the probang; but the patient expressed immediate relief, and after the soreness caused by the efforts to secure the pin, and by the pin itself had passed off, no further trouble was experienced. It is probable that the pin was pushed into the tissues away from or outside of the channel, where it now remains buried; but it may be heard from in some other region in the future.

TAPEWORM.

Mr. S., *æt* 34, came to me last July, bringing with him several large joints of a tapeworm, which he had passed, to inquire what they were. Being desirous to be free from the "creature," he was directed to fast 24 hours, then to eat an ounce of ground pepo mixed with honey, which was to be followed in four hours with two ounces of *ol. ricini* and *ol. terebinthinæ* *ʒi* all taken at one dose. In a short time his bowels were freely moved, when it was found that he had passed a tapeworm twenty-three feet and four inches long. Since that time there has been no further trouble from the "creature."

Reports of Societies.

Joint Meeting of North Western Ohio, North Eastern Indiana, and Southern Michigan Medical Societies, held at Odeon Hall, Toledo, O., Nov. 28th, 29th and 30th, 1876.

REPORTED BY DR THOS. WADDLE, TOLEDO, O.

FIRST DAY.

At 11 A. M., Dr. W. W. Jones, Chairman of the Committee of Arrangements, called the meeting to order; after which the Rev. Dr. Beacon offered prayer. Dr. Forbes, President of the Toledo Medical Association then delivered the welcome address.

The Committee of Arrangements recommended that the respective Presidents of these Associations occupy the platform. That of the oldest organization to preside. The Secretaries of the Societies act as Secretaries of the Joint Meeting.

Meeting adjourned.

AFTERNOON SESSION.

Presidents Waddick, Woods and Southworth on the platform; the former presiding.

Dr. Southworth read a paper on Puerperal Eclampsia dividing the cases into the Apoplectic, Hysteric and Anæmic.

The Apoplectic always accompanied by serous infiltration of the tissues and œdema, with symptoms of toxæmia from absorption of uric acid. Temperature 101 to 105°. The patient is always attacked before or during, and never after labour.

The Hysteric form is always preceded by hemicrania, and is more frequently the result of mental excitement, anxiety and depression. The attack occurs during, or soon after confinement.

In the Anæmic, the secretions are normal—no œdema—temperature generally below normal, yet this form is attended by the highest mortality.

The author especially insisted on this difference in the type of convulsions in contradistinction to Prof. Barker. His treatment of the Apoplectic form is 20 to 30 drops of Norwood's tinct verat virid., repeated if necessary, in half an hour—Cathartics, such Pil Hydrarg, Croton oil with enemata, Diuretics, Citric acid and flowers of benzoin.

If the cerebral congestion continue, leeches behind the ears, or blisters over the nucha, or, lastly, cautious bleeding from the arm.

In the Hysterical, chloroform inhalations followed by morphia; or, Pot. Bromidi, gr. xx and musk 5 gr.

In Anæmic eclampsia stimulants and restoratives are essential. Enemata of brandy ℥ss, tinct opii and liquor strych. aa Mv, tinct digitalis fol. Mx, with beef tea, or other vehicle every 2 to 4 hours. Moist heat to the abdomen. As soon as the patient can swallow, give the following prescription, one teaspoonful every 2 to 4 hours: R ferri pyrophos. ʒi, liquor strych. and tinct. digitalis aa ʒi, aqua menth piper ʒj, mix. In the intervals, wine, egg-nog, beef-tea, etc., etc. Emplastrum belladonna, over cervical and dorsal vertebræ—delivery should be completed as soon as possible.

Dr. W. W. Jones remarked that eclampsia was accompanied by two factors, albuminuria and headache. The former he always found present in his cases. He believed that in nearly every case uræmia was the cause. We might have uræmia without the albuminuria; yet, we do not necessarily have convulsions every time we have uræmia. In 1864, Scarlet Fever was epidemic in this city. He reported at that time six cases of convulsions in patients aged from 6 to 16 years. Every case had albumen in the urine. Recent investigations have shown that cholesterine in the blood may be the cause of convulsions. He

granted there was much obscurity still about this disease, but thought that the urine should always be examined for albumen and urea.

Dr. C. M. Woodward was called in consultation, to see a young pregnant woman who had had four convulsions. A few days after she was delivered of a fine healthy child. The treatment was bleeding to 12 oz. followed by 60 gr. of chloral hydrate at once. Epsom salts were also freely given. She went into a profound sleep. The salts were given to eliminate urea.

Dr. Entrekin believed Dr. Jones' views were sound. Urea acting on the nervous system caused the convulsions; increased blood pressure on the kidneys produces their congestion; found in every case of fits albuminuria, more or less.

Had succeeded in lessening the convulsions by turning the patient on the side, and thus relieving the pressure on the aorta.

Dr. Ridemour liked the paper because it was novel, and the causes well classified; thought albuminuria more a symptom than a cause of convulsions. Agreed with a previous speaker that urea was a common cause, also cholesterin. The agency of the liver has not been properly recognized, and too much has been made of albuminuria. Cathartics, and particularly rochelle salts are the most valuable means of eliminating those poisons. In a recent case where convulsions were threatened, the suppression of urine and headache were promptly relieved by this remedy.

Dr. Williams had had a case where the convulsions had continued the entire night, and when first seen in the morning was comatose; the child's head was found impacted. She was delivered, but remained comatose for three days and recovered.

Two very recent cases were treated with morphia, chloral and chloroform, and delivery with forceps; they recovered.

Dr. Southworth replied: had never seen a pregnant woman with œdema, who did not also have albuminuria. But in the anæmic form of convulsions it had never been found in a single

case. Had never used chloral hydrate, but had used chloral and camphor. It had no effect. Since using the veratrum viride had never used morphia.

The chairman of the committee of arrangements having announced the receipt of a telegram from Dr. Reamy, announcing that owing to changes of time on the railway, he had got left, consequently could not be present to deliver his lecture as announced, a vote was taken to decide whether the Societies would hold an evening session, or accept the cordial invitation of the Sisters of Charity to visit and inspect their new hospital. It was decided to hold an evening session.

Dr. Smart read a paper on chronic uterine displacements, laying stress on the following points: That the vaginal column with its perineal base was the principal agent in hindering prolapse. That flexions were a disease of the uterine wall, either congenital or acquired. That versions were dependent upon increased bulk of the fundus with relaxed cervical attachments. That all displacements, especially prolapse and versions involve in their causation increased weight and bulk of the organ, deficient and relaxed support, and increased superincumbent pressure. That treatment to be effective, must act in the line of causation, viz: The reducing to a normal standard the bulk of the uterus, and supplying, as far as practicable, sufficient support. That mechanical support did none of these things, and was of little value, except as an auxiliary temporary expedient; the only suitable forms being such as act upon the lever-principal. That the indiscriminate use of *Argent Nit.*, in the treatment of chronic congestion, and engorgement of the uterus is productive, many times, of mischief and although a valuable agent in some stages of uterine disorder, the cases for its use should be carefully selected.

Dr. Thos. Waddel, (Toledo). In considering the etiology of flexions, the author had truly said that a change in the density

of the uterine tissues is an important factor. Yet another not less important, had been omitted, viz: The elongation of the connective tissue existing between the uterus and its covering peritoneum.

He would also object to the negative way in which he referred to pessaries as liable to mislead. If pessaries were found "dust covered in every physician's office," the essayist had also given the reason viz: their want of adaptation. Not only should the pessary be especially suited to each case, but preparatory treatment was also necessary. A few days ago he saw a case of retroflexion, where the fundus could be felt below the posterior cul de sac, almost as tender as an abscess. It could be replaced. Now should a Hodge pessary be introduced at once it could only do harm. But the fundus was elevated, posterior cul de sac packed with cotton-wool saturated with glycerine, and after this was continued for days, and tenderness subsided, an "Albert Smith" was introduced, and the patient has now neither pain or ache. Believed this replacement and support by relieving the stricture of the vessels an important element in the cause.

Dr. Hamilton said this class of diseases was common, very common. These suffering women were found everywhere, and he believes maltreated; never used pessaries, but raised the displaced organ, and used a pessary of cotton-wool or tow saturated with oil and turpentine. Last year a lady came from New York city broken down, the uterus was displaced. She was put on this treatment for six months, and was cured.

Dr. Minchin thought Dr. Smart's paper good. It is a disease we know little of. Not long ago attended a *post mortem* of the body of a woman who had been treated for five years for uterine disease. The organ was found healthy. In another case he got a \$50 fee for cutting out a pessary, which another practitioner had introduced. The safest and best way to raise the uterus was by tonics strengthening the ligaments.

Dr. Entrekin said that when any disease had many remedies it was hard to cure. Nineteen-twentieths of the children are ruptured on account of the pressure of the abdominal bandage. So a woman may endanger herself if she puts the support high up, while if applied low down it lifts up the viscera. He had accomplished this well by means of moleskin plaster. It is easily applied, and gives great relief. Has recently thought plaster of paris bandage, cut behind and laced, would accomplish this well. Lifting the uterus daily does not do any good for it falls again. A pessary is useful to support the organ.

Subinvolution is a common cause of displacement, as are arising too early, and sexual intercourse too soon after delivery.

Dr. C. H. Reed could not see how any pressure against the abdomen could fail to indirectly press on the uterus; believed all abdominal supports a failure; but a more rational way is to loosen the corsets and clothing.

Dr. Bigelow thought this discussion and his experience in diseases of women, reminded him of the army. A cavalry-man with varicocele was examined in the presence of the hospital steward, to whom the Dr. remarked upon the resemblance of the condition, to a handful of worms. In less than one hour after, fifty cavalry-men came to be examined for "worms in the bag." So it was with the women and diseases of their womb. Only the other day a lady informed him, she knew she had ulceration or falling of the womb, but there was nothing the matter with that organ. Women are made for propagation. They revolve around the womb. If they lived as nature intended, believed their sexual disease would disappear. That the vagina could support the womb, as stated by the essayist, he did not believe; if taken out of the body there is not strength enough in its tissue to stand alone.

Dr. Brinkerhoof thought there was a tendency to extreme views on the subject. Ridicule and a want of knowledge may go

together. There are many women suffering from these diseases, and it deserves study. Unmarried women are often subject. Pessaries are very valuable in some cases, but his experience with tannin as a local application was not favorable. General treatment he thought as important as the local.

Dr. Crain did not think the changes in the peritoneum incident to pregnancy was a cause of flexions, for the investing peritoneum undergoes involution equally with the uterine structure. Regarded the pinning of an obsetric binder tight at the lower hip portion and loose at the upper part, an important point in the prevention of displacements after labor. The remarks of a previous speaker, that pressure on the abdomen forced the womb downward, he did not think sound. Whether it will do so depends on the point and direction of the pressure.

Dr. P. Chamberlain commended the paper highly. There was a general tendency to ridicule this subject. Because a few so-called specialists were imposing on the community, it does not do to ridicule the subject, which demands a more careful study of its treatment. Many women have really serious and painful diseases, and it does not do to turn them off with ridicule. He regarded the perineal pad as important in puerperal bandaging; it keeps the bandage from slipping up, and gives an agreeable support to the weakened parts; insists on its use for weeks after delivery.

Dr. Nolan insists on his patients lying on each side alternately after labor; never on the back. He has used no bandage for fifteen years past.

Dr. Kitchen had used no post partum bandaging for twenty years. Pessaries are often worse than useless. Treats his cases on general principles. The country is full of frauds in this branch of practice. This city has several of them, and when he was down in the hills of Pennsylvania, they were there also. Had known one of these practitioners to insist on a vagi-

nal examination, in a case of simple conjunctivitis, in a lady who was otherwise perfectly well. Yet the same practitioner left a placenta in the uterus for seven months, which was finally expelled by Dr. K., giving the woman ergot.

Dr. G. H. Chapman concurred with the essayist in the influence of the vagina in sustaining the uterus. Witnessed an operation by Dr. Jackson, of Chicago, for the cure of procidentia; elytrorrhaphy left a firm ridge in the vagina, which perfectly cured the prolapse.

Dr. Smart replied: the influence of the anatomical condition of the peritoneum, in the puerperal state in causing flexions, he regarded as nil, for the reason that flexions were more common in women who had never been pregnant.

His paper made no pretense at details, but only pointed out the indication to be met in treatment. Some of the speakers had found good results to follow the use of cotton-wool and glycerine, tannin, pessaries, and spirits of turpentine with oil; he admitted their value as adjuncts in some cases. Cotton-wool and glycerine was a powerful depletor, but could not furnish support to a displaced womb.

The abdominal bandage is beneficial when made to press from below, and then only acts while the patient is on the feet. Gynæcology had been, and is now, to some extent, by the general profession, held in disgrace just as obstetrics once was.

EVENING SESSION.

Dr. Minchin, of Hudson, read a clinical history of a case of gun shot wound of the ankle joint.

Dr. Chamberlain remarked that the paper was a contribution to conservative surgery and reminded him of a case which he had seen after the battle of Antietam; the leg had been shattered by a bullet and received no attention. A few days after it was found that nature had, by means of a melting process, made a complete amputation. It was let alone and a very good stump was the result.

Dr. Stiemman thought Dr. M's. doses of tinct. ferri were too small ; would give ʒss. to ʒi. doses. In a case of severe injury to the thigh he gave 30 grs. of quinine with tinct. ferri ʒi every three hours, with the best results.

Dr. Entrekin had seen bad effects on the kidneys from such large doses of the iron.

Dr. Bigelow thought the doses of quinine given by Dr. S. too large. Dr. VanBuren gave ʒi. doses during the Florida war. Complaint was made and a committee of the American Medical Association reported that the maximum dose was 30 grs.

Dr. Albert Fisher read an interesting paper on Sanitary Science ; dwelling particularly on the means which had been employed by the Board of Health, of Toledo, in stamping out small-pox. And the value of disinfection and isolation of cases.

Dr. Nolan thought too much credit had been given to the Board of Health, and not enough to the physicians who gave their time and attention to secure perfect vaccination.

Dr. Jenks. Every doctor should be a member of a universal Board of Health. The city Board of Health will not be perfect until it is able to prevent the spread of scarlatina and similar diseases as well as small-pox ; the time will come when those diseases will be stamped out. The health boards should look after the construction of houses. A modern house has the water closets and other conveniences all within the same walls—and no trap can prevent the escape of poisonous gases. Hence the importance of ventilating house drains. Believed the ordinary privy will disappear and earth closets take its place.

In the country no typhoid fever should exist ; yet owing to the situation of wells, vegetable cellars and privies the causes were so prolific that country residents are common victims of this disease. It was the duty of every physician to advise his patients how to prevent disease.

Dr. W.W. Jones facetiously remarked on the inconsistency of physicians preventing disease when he had scarcely any business. There are about 40 regular practitioners in this city, and there is not one who could not do three times the business he now does. The death rate of children is 60 per cent; if it was not for children's sickness we could not live; the president himself could not stand it. Brewery feed also helps us out. He was surprised to find his friend from Detroit advocating the taking of the bread out of our mouths.

He had made several attempts to get a central state medical officer appointed, but had always failed.

Dr. Fisher replied.

Dr. Hal. C. Wyman read a paper on Caries of the Spine, in which he drew particular attention the following points:

1st. Trauma and not tubercle a cause; 2d., early attempts of nature to cure the primary injury (illustrated by photograph); 3d. Earliest symptoms, pain, etc., usually attributed to other causes, and the most favorable time for cure allowed to pass; 4th. Changes in contour of vertebræ, essential to cure, obviated or prevented by certain methods of treatment, viz: extension by apparatus; 5th. Treatment: counter-irritation by caustics or cautery, rest, diet, restoratives.

He endeavored to show that the disease could be diagnosed sufficiently early to apply treatment that would prevent serious deformity or fatal termination; that the great trouble was in our misinterpreting the primary symptoms, and allowing six months or a year to pass in treatment addressed to neuralgia, rheumatism, or uterine backaches.

Dr. Ridmour thought we had run too much to the mechanical treatment of the disease. The essayist did well in calling attention to the importance of its early recognition. He had during the past year a case which exemplified this fact. A boy received a blow on the back from a playmate at school. Soon

after, pain, tenderness on riding, and other symptoms of the incipient stage of this disease were manifest. Blisters were applied for three weeks, and resulted in a cure of what he believed would have been Pott's disease.

SECOND DAY.

Dr. Hiner, of Lima, O., read a paper on Therapeutics.

Dr. W. W. Jones, thought authors had not sufficiently insisted on the element of rest; it is of great importance. Spoke of the value of strapping the chest in certain forms of thoracic disease. Opium, also of great value.

Dr. Stieman, pointed out the manner in which opium gave rest in some cases of pneumonia.

Dr. Harper thought the "lost art" (Gross) was more serviceable than aconite, verat. viride etc. One reason being the ease with which venesection could be controlled as compared with those agents. Deplored the fashion in medicine by which blood-letting was almost lost sight of. Thought highly of the paper as a *resume* of the practice of the day. Opium does produce rest by driving blood to the surface and relieving congestion.

Dr. Minchin regarded the strapping of the chest as injurious from the obstruction of the circulation.

Dr. Southworth, believed the circulation was carried on by attraction, hence congestion is not the first step in inflammations, but a change in the tissues. Pressure may be useful in assisting the weakened vessels to contract and preventing the friction of the pleural surfaces. Opium he did not use in pneumonia. Narcotizing a patient and keeping him so, is not good treatment for it does not give rest to the engorged tissues.

Verat. viride gives rest by lowering the force of the heart, while digitalis is the most powerful heart stimulant. Bleeding is good, but he does not use it very often, but substitutes veratrum and aconite. The best diffusive stimulant is turpentine in 15 to 20 drop doses.

Dr. Hiner replied that he had advocated balancing remedies; bleeding he used for this purpose. It seems strange that physicians are afraid to draw 315 of blood from a strong patient with pneumonia, but will observe an anæmic woman loose in labor, 40 oz. without anxiety—this is not good reasoning; it requires days to accomplish with other remedies what bleeding does at once.

Dr. E. W. Jenks, of Detroit, read a paper on Ancient Gynæcology, which he was requested to publish, that all might have an opportunity to read, as it contained much that was entirely new to the majority of his hearers and was a very interesting paper as showing the state of knowledge in this branch of medicine at different times in the world's history. We are unable to give a proper abstract of the paper.

Dr. W. W. Jones remarked that the author had seemed to have left out some important truths, viz: the part taken by the Jews, Moors and Egyptians in preserving medical knowledge—after the burning of the Alexandrian library and throughout the dark ages. The priests and writers of the Jewish nation did much to preserve this knowledge.

Dr. Forbes, considered the paper a most valuable contribution to medicine, and expressed a hope that the author would publish it.

Dr. Jenks replied he had not intended to give a complete history of medicine but only a fragmentary one; had endeavored to point out the fact that many plans of treatment and instruments thought to be of recent discovery were familiar to the ancient practitioner.

The licentious character of the ancients greatly retarded the progress of medicine. They had a constant tendency to worship the genitals; as instance the worship of Priap—the unmarried female, the sterile and the widow, paying their devotions to this god; so also the Egyptians through Phallus worshipped a

similar deity ; and even the modern Japanese have had special worship for the sexual organs participated in by women and children. The exhumations at Pompeii indicate the licentious character of its people. Vice, however gilded, sooner or later begets ignorance, and in the practice and religious belief and habits of the ancient Greeks, Romans and Egyptians, we can easily observe why knowledge, once obtained, became to be considered of less importance, and was gradually lost.

Dr. C. Meredyth Woodward, of Tecumseh, Mich., read a paper on Typho-Malarial fever, in which the following are the salient points, viz : 1st. The duality of the poison which constitutes the fever a dual disease. A part of the time the malarial element is the prominent active poison and at another, the typhoid, and they often alternate in the course of the attack in the same person, and when the one is the most active the other (poison) is held in abeyance ; 2d. The differential morbid anatomy in the two diseases, Typho-Malarial and *uncomplicated Typhoid*. Typhoid fever has the enlargement (congestion and tumefaction) of the patches of Peyer, with ulceration of the *glans* of Peyer, the ulcer being of the characteristic deep cut, or punched appearance, the surrounding surfaces of the bowel being in an (apparently) healthy condition. In Typho-Malarial fever on the other hand, you have a congested and ulcerated condition of the solitary intestinal glands, the ulcer being of a flat and *surface* ulceration, with a deposit of black pigment in them ; the other portions of the mucous membranes of the bowels for some considerable extent, being in a congested and tumefied condition with the patches and glands of Peyer only *slightly* affected.

While there are these differences in the morbid anatomy and conditions, the symptoms produced by the same are so similar that it needs care to discriminate. In Typho Malarial fever you get the tenderness of the bowels upon pressure with

a moderate diarrhœa of ochre colored discharges ; but the bowels are seldom *tympanitic*. The teeth are rarely covered with sordes except where the typhoid poison is predominant, and in these cases you undoubtedly have *ulceration* of the *glands of Peyer* to some considerable extent ; it then partakes more of the *typhoid* nature. The tongue is usually covered with a moist buff-colored coating, nearly one-sixteenth of an inch thick, which pulls off in patches when the fever is subsiding, which it usually does at the end of 16 or 21 days, to be followed for a few days by a *red beefy* tongue, frequently *shiny* or smooth, and then becomes moist and gradually assumes a natural appearance ; 3d. The extreme high range of body temperature in the Typho-Malarial (without danger) as compared with typhoid, and less of the low muttering delirium, than in *uncomplicated* typhoid.

Two other points of no great consequence were brought out in the report of two cases. One showing that medication and nourishment could both be employed effectively perrectum by enema. Case 1st, showing that all medication and nourishment were accomplished in this manner for 14 days with recovery of the patient; during this time no sensation of hunger was experienced. Case 2d, showing simply the contrary spirit and amusing and ridiculous ignorance of patients we are frequently called upon to treat.

AFTERNOON SESSION.

A telegram was received from Dr. Grey, of Chatham, Ontario, with congratulations to the Societies.

Dr. Chapman of Hudson read a paper on Malarial fever, expressing the conviction that malarial may run into typhoid lesions, and that antiseptics such as Salicylic acid may prevent such an issue, reporting a number of cases, illustrating his method of treatment. One case of malarial fever, with a tend-

ency to typhoid lesions, he treated as follows : Salicylic acid gr. v., Leptandim gr. *one-eighth*, Ipecac gr. j, given every hour. An arterial sedative of tinct. aconite, tinct. gelsemium. aa. *one-fifth drop* every other hour, alternating with the following stomachic : tinct. nux vomica, tinct. chamomile aa., *one-fifth drop*.

Malarial fever with cerebro spinal congestion—morphism, *one-third gr.*, hypodermically to relieve congestion and spasm, with quinine gr. xx., brandy ʒii , water ʒi M. One teaspoonful every *one-fourth hour*.

Typho-Malarial fever, morph. to relieve pain, tinct. verat Mx. in water ʒii . One teaspoonful every hour as arterial sedative and afterward, 7 doses of 15 gr. of quinine each, given by enema in four hours.

Dr. Currey thought there was a tendency to give too large doses of quinine : besides being unnecessary it was dangerous to the hearing.

Dr. Brinkerhoof agreed with Dr. Currey. Is sure that he had in infants produced temporary injury to the brain which for a time threatened life. Now gives to adults five grs. four or five times daily with as good results as formerly.

Dr. Phillips, of Kenton, Ohio, read a report on Milk Sickness. He gave the observations of fully twenty years of practice in a section of country where the disease prevails, and settled beyond question the fact of there being such a disease, and that it is separate and distinct from any other known disease. He made the following deductions :

1st. That no vegetable or mineral poison is capable of producing a disease having the peculiar characteristics of Milk Sickness.

2d. That the ascertained facts in regard to the etiology and clinical history of Milk Sickness entitle it to be classified as one of the infectious diseases.

3d. That the disease germ or agent by which this dis-

ease is propagated is a specific poison known at present only by its effects.

Dr. Williams—The paper is the most satisfactory one treating of this disease which he had ever heard; had treated this disease more or less for 20 years past. Stimulants sometimes did well but not always. Quinine not of any benefit.

Dr. Theo. A. McGraw, of Detroit, enquired if the disease in man was coincident with that in animals.

Dr. Phillips replied that ordinarily it was, and to the enquiry of Dr. Southworth, if it could be directly traced to drinking milk? Yes.

Dr. Cycuyndal had made three and Dr. Entrekin thirteen observations, and in every case found acid. Dr. Southworth had observed fevers in Monroe Co., Mich., in which similar symptoms obtained; found great benefit from phosphorus and strychnia.

Dr. Fenton's paper on "Chloroform, its dangers and its antidotes," was read by Dr. Crain. It reviewed in detail the physiological action of chloroform, and the manner in which it may cause death, coming to the conclusion that all experience pointed to anæmia of the brain, and particularly the region of the medulla as the cause of death. The anæmia being due to spasm of the capillary vessels. In the same way spasm of the coronary arteries might arrest the heart's action.

The treatment of dangerous symptoms should be by standing the patient on the head and administering a remedy to relieve the spasm of the capillaries. Nitrite of Amyl he regarded as capable of doing this, given by inhalation. Reviewing at some length the observations of different observers, he detailed some experiments made by himself on frogs; the feet being under the microscope, he observed the contraction of the capillaries under chloroform and the dilatation under amyl; the frog survived the experiment, while the frogs receiving the former

without the subsequent use of the latter, all died. Similar results were observed on cats.

Dr. W. C. Chapman, of Toledo. Nitrite of Amyl acts directly on the muscular fibres of the blood vessels. The action of chloroform tends to the production of cerebral anæmia. The action of the former is well adapted to overcome the injurious effects of the latter.

Dr. Bigelow thought amyl could be of no value in such cases, seeing the respiration ceases first.

Dr. Crain. The author of this paper gave to some of the animals poisoned from chloroform amyl; those only recovered, the rest died.

Dr. Stiemann thought chloroform an unsafe agent. Dr. Dawson, of Cinn., had used it for 20 years without a bad effect but recently he has lost three cases from its use; one death occurred in three seconds from paralysis of the heart. Ether was almost as useful, and never killed.

Dr. X. C. Scott, Cleveland, regarded the evil result of the use of chloroform as due to the manner of its administration, and the quantity being too large; by adopting the method of Langenbeck, the dangers were almost nil. A wire frame covered with cotton-flannel covers the nose and mouth, the chloroform being dropped upon it. So small a quantity suffices by this plan that he had recently performed two protracted capital operations, on successive days, with less than $\frac{3}{4}$ j. When any evidence of danger is manifested, the patient has been quickly restored by raising the feet. While he was in the service of the hospital at Heidelberg, he approached the bed of a patient to apply chloroform for the purpose of operating; the patient died before he reached the bed. This occurring a few minutes later would have been called death from chloroform.

Dr. Forbes: deaths from ether are not so uncommon as has been stated. Agreed with the second speaker as to the im-

practicability of using amyl to any purpose. Respiration having ceased, how can it be administered?

Dr. Theo. McGraw, of Detroit, remarked that Nelaton's idea of cerebral anæmia he had never accepted; in fact his experience had been directly the opposite, respiration ceasing while the heart's action was strong and regular. The primary failure of the heart rarely occurs. In one case in which he was engaged in amputation of the wrist, the black color of the blood attracted his attention. He found respiration had ceased, yet the pulse was strong and bounding. Another cause of death is the falling backwards of the epiglottis, respiration being resumed when the tongue is pulled forward.

Dr. Entrekin agreed with the last speaker as to failure of the respiration. During a recent operation he observed feeble respiration, yet on examining the pulse he was reassured, it being normal; yet soon after respiration ceased, and it required forty minutes to resuscitate the patient. Thought any anæsthetic will cause death in certain proportion of cases. Pressure on the descending aorta is beneficial in such cases.

Dr. W. C. Chapman could not understand how failure of respiration disposed of the theory of anæmia of the brain. The anæmia of the brain might be the direct cause of the stopping of respiration. Recommended the hypodermic administration of the nitrite of amyl, in certain cases.

In the evening an entertainment and banquet were given at Odeon Hall to the visiting members and their families. There was a large attendance.

THIRD DAY.

Dr. W. C. Chapman read a paper on "New Remedies."

The action of the following remedies were reviewed in a fresh and vigorous manner: Aconite in congestions; nitrite of amyl especially as antagonistic to chloroform; apiol as useful in

dysmenorrhœa ; bromide of potassium as especially useful when congestion depends on innervation connected with the spinal column ; jaborandi ; croton chloral hydrate as compared with hydrate chloral ; iodoform ; monobromide of camphor ; salicylic acid.

Dr. Jewell had used nitrite of amyl with marked success in gastralgia, after failure of other remedies. Dose, one drop ; repeated if necessary.

Dr. S. S. Thorn.—The bromide of potassium had been used too indiscriminately; he now gives it for brain depletion, headache etc. Dose—30 to 60 gr., repeated in one hour if necessary. Chloral hydrate he had used locally as a remedy for pus pockets after amputation. Best local application known, solution, 2 to 10 gr. to aqua ʒj.

Salicylic acid is particularly useful when any offensive discharge exists—surpasses all other remedies for correcting fetor. In a case of salivation, when chlorate of potassium failed to destroy the smell, the acid did it at once.

Iodoform he found most efficacious in fissures of the anus. In a case where suffering was intense cure was wrought in four weeks by suppositories. Another case, formerly pronounced cancer of rectum, also cured by this remedy.

Dr. Entrekin had for four years past used solution of chloral for healing indolent ulcers. He was much interested in the remarks of the essayist referring to the use of apiol in dysmenorrhœa. It called to mind the adage that “there is nothing new under the sun.” Twenty years ago he knew an old lady near Lima, Ohio, who had become celebrated for her ability to cure this disease after the doctors failed. Her remedy was parsley tea.

Dr. Bigelow thought the older we get the fewer remedies we use.

Dr. Priest: Chloral was a remedy he used daily, yet he

felt sure it was sometimes a dangerous remedy, as in cases of heart disease; related a case of this sort. He used it also as a wash for diphtheritic sore throat.

Dr. Chapman replied that the tendency with the profession was to use a new remedy for everything. Every remedy had its place in therapeutics, and if all these remedies were prescribed to meet the indications which they were capable of filling, there would be fewer failures, and much more certainty in therapeutics.

Dr. Thomas Waddel read a paper on "Involution, and its relations to diseases of the uterus," pointing out the changes taking place in the structure of the uterus, the results of arrest of involution and means for its prevention and cure.

Dr. Bigelow objected to the doctrine of change of position laid down in the paper. Thought it a dangerous and pernicious theory that woman should be allowed to sit up after labor. Many deaths from hemorrhage, he affirmed, could be traced to this cause.

Dr. Priest had no fears in allowing his patients to sit up after labor. Thought that in most cases no hemorrhage would occur even if the patient walked about the room. Related a case where a primipara, age 15 years, actually did this a few minutes after delivery; no trouble followed. Injections should be used rarely, and then only with great care, as the fluid may pass into the uterus.

Dr. Chapman commended the essay for insisting on lactation; believed that if the infant was put to the breast soon after delivery, hemorrhage would rarely or never occur.

Dr. Reid did not think it necessary to give quinia or ergot in any of his cases in order to cause tonic uterine contractions after delivery. Labor is a normal process, and rarely needed assistance. In his last 350 cases he had had no case of hemorrhage.

Dr. Nolan endorsed the paper fully, particularly its direc-

tions as to position after labor. Would not consider nursing so important for normal involution. Had one patient whom he delivered every eleven months; she never nursed, and was in good health.

Dr. Waddel replied that he admitted labor to be a physiological process, but the point he insisted on was that a large number of women who came to childbed are not in a physiological condition. Now as he had shown that this condition predisposes to tardy involution, he had recommended quinia as valuable to make up this deficiency.

He had not advocated having his patient to walk about the room, but with the remembrance that part of the useless tissue passed off as lochia, he had advocated drainage—by having the patient use the chamber vessel in the sitting posture, and if she wished it, to sit up for a short time daily. Finally he wished to call attention to the fact that a tardy convalescence often meant arrested involution, with metritis, cellulitis or lacerated cervix.

Dr. W. W. Jones, of Toledo, read an interesting paper on Septicæmia. He said that this was a modern term to represent blood-poisoning, all of the older writers, with many of the later, having used the term Pyæmia in describing similar conditions. After speaking of the importance of this condition in disease, in obstetrics, in injuries and in surgical operations, the paper gave a brief history of the practice of uniting the flaps after amputation for the purpose of obtaining immediate union, which was justly claimed as the English method, and the contrary practice of the continental surgeons, at the head of whom was Baron Larrey, whose clinical experience probably exceeded that of any other man, before or since his day, showing great and radical differences of opinion and as our methods in this country have been borrowed from the English, it becomes especially pertinent that we investigate this subject for the purpose of arriving at the truth.

The symptoms after amputations as described by Gross were then given; more particularly those attended with what is called traumatic or surgical fever, which begins within the first six or eight hours after the operation, with a duration of a few hours to a number of days, and is prone to relapse.

In speaking of the causes, Gross says: "It is certainly not necessary to invoke the aid of blood poisoning, as is of late so frequently done, to account for the occurrence of traumatic fever." Wagner on the contrary was quoted as proving that traumatic fever was occasioned by the absorption of septic processes taking their start in the wound.

The well-known fact that the sero-sanguinolent exudation from the amputation wounds very rapidly decomposes, and in six hours has a strong, and in twenty-four has a decidedly bad odor; and also the fact now well known, that absorption from the amputated surface is active and efficient, make it no wonder that the agency of blood poisoning should be invoked to account for the occurrence of traumatic fever. The author contended that a large majority of the cases that die during the first week after amputation, may properly be attributed to septic poisoning from attempts to close the flaps so that they would unite by the first intention.

Recently, Prof. James R. Wood of Bellevue Hospital had adopted the plan of leaving the wound open, and the details of ten cases of amputation treated by Dr. Wood in the manner as published by Dr. Dennis in the *New York Medical Journal* were cited as an illustration of the air dressing. Prof. A. B. Crosby, also of Bellevue Hospital, in a paper recently read before the New Hampshire State Medical Society (1876) entitled "A Lost Art in Surgery" speaks of *cleanliness* as like unto godliness, a lost art to be restored in surgery. The paper of Dr. Crosby abounds in facts and chemical data upon the subject of septic poisoning and the means to be made use of to prevent and

overcome it. Mere quotations will fail to convey their importance; the paper should be read to be properly appreciated.

One of the concluding paragraphs of the paper by Dr. Jones was as follows: The patient after amputation must not be poisoned by the absorption of his own excretions or exudations, even if it overturn the long-cherished "pride of English surgeons that they had adopted the plan of bringing the edges of the wound together after amputation so that it may unite by the first intention;" and the use of sutures and adhesive plasters must be discarded if we would prevent absorption of those elements which nature casts out of a wound made by amputation.

The objection that public opinion would not yet sustain the country surgeon in attempting to carry out the plan of the air-dressing was disposed of in the following anecdote of Martin King:

A good many years ago Martin had a compound fracture of the leg near the ankle, and I was compelled to saw off more than an inch of the end of the tibia in order to reduce it. It was hot weather—in July—and the flies were thick. One morning early a messenger routed me out of bed to go and see him, as he thought he would die. On arriving at his bedside, King gravely told me that the maggots had been going up inside of him all night, and had now got into his brain; he could feel them there, "be jabers no mistake." Martin King has since become convinced that he *was mistaken*.

Dr. Bigelow thought the paper a valuable one and the deleterious influence of absorption of putrid material well pointed out; had observed septicæmia from handling hams, loss of life and limb resulting; did not think pus could be absorbed.

Dr. D. P. Chamberlain before the war had made close apposition of his flaps after amputations, even by passing sutures close together in order to secure this object. But after the

"seven days" fighting on the peninsula he was left in charge of a large number of wounded. So great a number required amputation that for three days little else was done—did not have time to close the wounds, but dressed them open with compresses, wet with cold water. The air was fetid and maggots bred rapidly, and they were literally without supplies. Yet the results were most excellent.

Dr. Thorne agreed with the first speaker that pus could not be absorbed.

Dr. Jones replied that pus could not be absorbed as pus but when broken down. Septicæmia caused by decomposition of serum, blood and broken down material. This occurs at times so rapidly that the wound stinks in four hours. This causes surgical fever. A large number of those dying after amputation die from this cause. His paper was intended to call attention to this fact.

In closing, the President, (Dr. Waddick) returned to the gentlemen his warmest thanks for the assistance given him as presiding officer. The success of the meeting, now coming to a close, was largely due to the promptness and the courteous manner which had characterized the discussions. The representative men of the profession of north-eastern Indiana, southern Michigan and north-western Ohio were convened in the assembly, and the papers which they had presented were indeed valuable contributions to the literature of medicine. So valuable had been this meeting that he trusted it would be renewed yearly or at least bi-yearly in the future. This assembly which was now to be dissolved would soon again be renewed, and his earnest prayer would be that they would all be spared for such a reunion.

Adjourned *sine die*.

Detroit Academy of Medicine.

DETROIT, October 10, 1876.

The Academy met as usual, at the office of Dr. Inglis.

In the absence of both the president and vice-president, Dr. John Flintermann was elected president *pro tem*.

The minutes of the last meeting were read and approved.

Dr. E. Chapaton was introduced to the society.

Dr. Yemans read a detailed mortality report of this city for the month of August; also giving the temperature and humidity of atmosphere. The Dr. said if it were agreeable to the society, he would be glad to furnish it with a mortality report of each month.

Dr. Carstens remarked that our mortality reports have been very unreliable, as they include a great many deaths which occur outside of the city, but are brought here for interment. The Dr. spoke of the slipshod way in which the cause of death was reported in many instances, and thought physicians should use care in this particular so as to make the reports as correct as possible.

Dr. Flintermann read the history of a case of abdominal aortic aneurism complicated with acute rheumatism of the joints. (Printed in *Review of Medicine*.)

Dr. Carstens did not think that emboli in the small veins could have been the cause of the rheumatism, as this would not account for the fever. The Dr. asked why not try in such hopeless cases of aneurism electrolysis as a means of cure.

Dr. N. F. Brown said that he had had a similar case in a lady seven months advanced in pregnancy. When he was first called to see her, she complained of pain in the abdomen, and of a partial paralysis of the lower extremities. On examination he found pulsation of the abdomen, and auscultation revealed bruit and thrill. The late Dr. Inglis was called in consultation, and after a careful examination he pronounced it a case of abdominal aortic aneurism.

A short time after this—in a second consultation with Dr. Inglis, and while examining the patient, they found that the uterus contracted. Dr. Brown examined the patient and found the os dilated, and thought that the woman would be delivered that night. Dr. Inglis did not remain, but came back again about half an hour before the child was born. During uterine contractions the bruit did not disappear. The lady got through her labor safely, and recovered perfectly, the aneurism gradually disappearing. Dr. Brown asked if there was ever a spontaneous recovery from abdominal aneurism known?

Dr. Carstens thought we might have spontaneous cure of abdominal aneurism, especially in pregnant women, as during this period the blood is richer in fibrin, and continues through the puerperal state—gradually returning to the normal condition. Such a state of the blood he thought would be the most favorable for a cure.

Dr. Flintermann said that in many cases pulsation of the abdominal aorta might be mistaken for aneurism. During pregnancy the abdominal walls often become very much attenuated and it might be very hard to make a differential diagnosis.

Dr. N. F. Brown said that a similar case occurred in his practice, to which he called the late Dr. Inglis in consultation. Dr. Inglis quieted the patient's fears, told her it was only pulsation of the main artery, and that it would soon disappear. Both the diagnosis and prognosis were entirely verified.

PATHOLOGICAL SPECIMENS.

Dr. Munson presented to the secretary a testicle that he had removed for sarcoma. The disease was probably caused by injury and was of about six months standing.

PREVAILING DISEASES.

Dr. Inglis had seen a good many cases of a low form of fever, probable typho-malarial, also quite a number of cases of scarlet fever.

Dr. Spalding spoke of a case of diphtheria which he reported as well at the last meeting. Three weeks after the throat symptoms disappeared, he was called to see the patient again. During this interval, however, the patient had regained appetite, strength, etc., but at this time was showing all the symptoms of diphtheritic poisoning—vomiting, bloating, albuminous urine, etc., and for two or three days preceding death paralysis of the pharyngeal muscles. The Dr. had used during the continuance of the throat trouble mur. tincture of iron, chlorate of potassa, and salicylic acid ; after treatment, quinine and wine.

Dr. Flintermann had seen a similar case. The patient, a child, seemed perfectly well for four weeks, when it suddenly died. The Dr. thought that paralysis of the heart was probably the cause of death.

Dr. N. F. Brown had seen several cases of a low form of fever. He could not call it typhoid. In three cases he had been puzzled to make out the diagnosis, all the symptoms indicated typhoid fever unmistakeably, but to the Dr.'s surprise they were convalescent in three days. He treated them the same as he would typhoid fever patients. In one case pulmonic symptoms were well marked. Temperature in second week averaged 103°F.

Dr. B. also reported a case of meningitis following a malarial fever, first of a remittent, afterward of an intermittent character. The child did not recover satisfactorily, was irritable and listless. The day before the meningitis set in it seemed sore, and did not like to be moved. On the following day it began to scream and tear at its face and hair ; pupils contracted ; high fever, etc.; and soon passed into a semi-unconscious state. The patient is now convalesced. Dr. B. also reported a case of tetanus resulting from a slight injury to the foot with a rusty nail. The patient died in five days.

Dr. Spalding asked if there was any peculiar connection

between injury from rusty nails and tetanus? He said: "Injuries ten times more extensive from other causes are rarely followed by lock-jaw, while slight injuries from this cause are quite apt to be followed by it. Nine tenths of the cases I have seen were from this cause."

Dr. Flintermann reported diphtheria as prevailing in his practice. He used for a local application 3 ss. of salicylic acid in 3 ss. of alcohol, brushed over the throat once in three hours.

On motion, Dr. Spalding was requested to prepare a paper on tetanus.

The name of Dr. Chapaton was proposed for membership. On motion the society adjourned.

JAMES MUNSON, M. D.,
Secretary.

DETROIT, October 24, 1876.

The Society met at the usual place, the president, Dr. Andrews, in the chair.

The minutes of the last meeting were read and approved.

PREVAILING DISEASES.

Dr. N. F. Brown had seen a good many cases of sore throat. He had noticed through the secular press that diphtheria was prevailing. He did not regard the most of cases as any thing more than pharyngitis with slight exudate. He had seen two cases of diphtheria. In one case the false membrane completely covered the fauces and invaded the nares. In the other the membrane was not so extensive.

Dr. Carstens had seen a good many cases of colds or influenza. He had heard of several cases of diphtheria in the sixth ward.

Dr. Andrews had met with several cases of diphtheritic sore throat without the true poisoning. The fauces were covered with exudate but there was no constitutional disturbance. The

Dr. mentioned a patient that came to his office with a small ulcer on left tonsil, which had been there for several days. The next time he saw the patient the ulcer was very much larger and covered with false membrane.

Dr. Brown asked Dr. Andrews if in simple sore throat with exudate he had noticed any fetor of the breath.

Dr. Andrews said he had not.

Dr. Connor asked Dr. Andrews "if in his study and observation of croup and diphtheria he considered them identical.

Dr. Andrews said he believed it was a mooted point, and was not prepared to say; he had seen two cases in which he hardly knew what to call it.

Dr. Brown, in answer to the same inquiry, said he regarded them as identical.

Dr. Stewart from his experience considered them distinct diseases.

Dr. Jenks said that some twelve or fourteen years ago he had had quite a number of cases of diphtheria. A few of the cases, after they were convalescent ten days or more, were taken with all the symptoms of croup.

Dr. Andrews thought there were two classes of cases: 1st. Those with slight exudate and without constitutional disturbance. 2d. Those with some local trouble and great constitutional disturbance or blood poisoning.

Dr. Connor thought the general tone of medical writers was that croup and diphtheria were identical diseases, and made the following motion: that Dr. P. Stewart prepare a paper in support of the theory that croup and diphtheria were distinct diseases, and Dr. Carstens prepare a paper advocating the theory of their identity, to be read at the next meeting of the society but one. Carried.

Dr. Jenks thought it would be interesting to discuss the prophylaxis of diphtheria.

Dr. Carstens said it was necessary to isolate the patients.

Dr. Jenks said this was often impossible, especially in nursing children. In an epidemic of diphtheria which occurred fourteen or fifteen years ago, the Dr. said he had used quinine and whisky as a prophylactic measure with very beneficial result.

Dr. Connor asked Dr. Jenks if he did not think the quinine would have done just as much good without the whisky.

Dr. Jenks thought they both did good.

Dr. Andrews said he had been using salicylic acid and thought it would prove a valuable prophylactic agent.

Dr. Connor, in speaking of the pathology of diphtheria thought the disease was due to one or the other of two causes, *i. e.* causes that produced either fermentation or putrefactive changes in the system, and as salicylic acid interferes with both these processes, he thought it might prove of great value as a prophylactic measure.

The following named doctors were elected members of the Committee on Membership: H. A. Cleland, J. S. Johnson and E. S. Shurly.

Drs. C. C. Yemans, N. F. Brown and F. A. Spaulding were elected a Committee on Papers.

Dr. Jenks moved that the secretary notify the members of committees of their election. Carried.

No further business the society adjourned.

JAMES MUNSON, M. D.

Secretary.

Detroit Medical and Library Association.

Without any reference to the past history of the mutual relations of the medical profession in the city of Detroit, it will be sufficient for our purpose to state that for several months there had been a strong desire in the minds of a large majority of the

medical men in the city, that those relations should become more cordial and *very much less* tinged with asperity. After a long period of incubation, the determination was reached to form a new medical society which should harmonize all conflicting interests, and with this object in view a very largely attended meeting of the profession convened in the Mayor's office on the evening of September 6, 1876. Dr. A. S. Heaton was called to the chair and Dr. Jas. D. Munson was made secretary. The chairman briefly stated the object of the meeting and then followed a pretty general expression of opinion favorable to the proposed formation of the new society. The chairman was finally empowered to appoint a committee to draft a constitution and by-laws for the government of the new society, which duty he performed by naming Drs. Shurly, H. E. Smith, Stewart, Brumme, Inglis, Jamieson and Kerr, and the meeting then adjourned for two weeks.

On the evening of the 20th of September, pursuant to adjournment, a second meeting of the profession convened in the Mayor's office to hear the report of the Committee on Constitution and By-Laws. The committee had deemed it the best plan to follow as closely as possible the organization of the American Medical Association and with this end in view presented the following preamble :

Whereas, At a meeting of the members of the regular medical profession of the city of Detroit, held at the Mayor's office on Wednesday evening, September 6, 1876, it was deemed expedient to organize a general medical society, auxiliary to the American Medical Association, to supply more efficient means than have hitherto been available here for cultivating and advancing medical knowledge ; for elevating the standard of medical education ; for promoting the usefulness, honor and interests of the medical profession ; for enlightening and directing public opinion in regard to the duties, responsibilities and

requirements of medical men ; for exciting and encouraging emulation and concert of action in the profession ; and for facilitating and fostering friendly intercourse between those who are engaged in it, therefore

Resolved, That we adopt the following Constitution and By-Laws.

The general features of the Constitution and By-Laws were such as are usually found in those instruments. Among its special features it was provided that there should be a permanent secretary who should receive a salary to be fixed by vote of the society ; that all candidates for membership and all ethical and legislative questions should be referred, without debate, to an advisory council, composed of seven of the oldest members of the society ; that there should be appointed each year four chairmen of sections, embracing the whole field of medicine, and that each chairman should at a specified time, report in a brief resume, the advance made during the previous year in the studies embraced in his section. After some discussion, and a few minor changes the report of the committee was adopted.

A provisional advisory council was then appointed, consisting of Drs. Jas. A. Brown, A. S. Heaton, E. W. Jenks, H. E. Smith, H. A. Cleland, D. O. Farrand and J. J. Mulheron, and these gentlemen were empowered to pass on the credentials of all applicants for membership. After the transaction of some further unimportant business the meeting adjourned, subject to the call of the provisional council.

On the evening of October 4, thirt-two physicians met in the gentlemen's parlor of the Russell House, in answer to the call of the provisional council. Dr. Jas. A. Brown was chosen temporary president and Dr. J. J. Mulheron temporary secretary. The report of the council was then read, from which it appeared that those present had presented satisfactory credentials and

been accepted by the council and actually constituted "The Detroit Medical and Library Association.

On motion of Dr. Heaton the President selected a nominating committee to report officers for the permanent organization of the Association, and their report, which was as follows, was adopted.

President, Jas. A. Brown; Vice President, C. B. Gilbert; Secretary, Theo. F. Kerr; Treasurer, David Inglis.

Advisory Council—Jas. A. Brown, A. S. Heaton, E. W. Jenks, H. E. Smith, H. A. Cleland, D. O. Farrand, J. J. Mulheron.

Committee on Publication—E. L. Shurly, J. D. Munson, R. A. Jamieson.

Ex-Officio—David Inglis, Theo. F. Kerr.

Committee on Library—Peter Stewart, Leartus Connor, C. J. Lundy, F. A. Spaulding, J. H. Carstens.

Section of Practical Medicine, Materia Medica and Therapeutics—Chairman: A. S. Heaton.

Section of Physiology, Pathology, etc.—Chairman: J. G. Johnson.

Section of Surgery and Anatomy—Chairman: T. A. McGraw.

Section of Obstetrics, etc.—Chairman: E. W. Jenks.

Thus the organization of the society was complete and it only remained to set its machinery in motion. To facilitate this action, Prof. Armor was requested, by unanimous vote of the society, to deliver an address before them at the next regular meeting. Adjournment followed the transaction of some routine business.

October 18, the Association met to hear Prof. Armor's address on "Mental Epidemics" which he had kindly consented to deliver in response to the invitation tendered two weeks previously. It is needless to say that the address was an able and

interesting one and was heartily received by the Association. Unfortunately, the author could not comply with the request for publication, but there was a preliminary address which was so pertinent to the occasion and withal was so replete with good advice and timely suggestions that by consent we transcribe it entire.

PROF. ARMOR'S PRELIMINARY ADDRESS.

Before taking up the special topic I have selected for the evening, you will allow me to express my hearty thanks for the distinguished honor of being so cordially invited to say a word to you at the *first regular meeting of your society*. The honor is one I shall not soon forget.

With the profession of the west, and especially of *Detroit*, I have been long and intimately associated. *Detroit* is my old and much loved home, and I can not but feel a lively interest in every thing pertaining to her professional prosperity.

I have been specially interested in watching the preliminary steps of this organization. You have organized on the true basis—that of generous compromise and *scientific work*. If old traditional prejudices have been handed down, you have manfully determined that you will not accept them, and in doing so, gentlemen, you have honored yourselves and honor the profession. Hereafter I trust we may have less of “Doctor’s quarrels” in *Detroit*, and more of “Doctors *in council*.” Science ought to have no quarrels—no partisans—no cliques—no factions. Such things degrade science and turn the profession into public ridicule.

In a beautiful ancient allegory, justice is represented as *blind*, groping her way in the dark with the lantern of *testimony*, through which alone she can discover *truth*.

Let us, gentlemen, in imitation, know nothing in these meetings but science. We can meet here on *common ground*. Science has no aristocracy—no privileged orders. She has but

one standard of excellence. The man who is pre-eminent is the *working* man—the man who reads, and thinks, and observes, and experiments, and who extorts from nature her secrets for the benefit of his fellow men. Her standard is the standard of *true manhood*. If any would be *great* among you, let him show his greatness by his *works*.

Let this be your standard, gentlemen, and your organization can not fail. Men, happily, get tired of quarrelling by and by—but they never get tired of *true science* and *learning*.

If you have good papers, good practical reports, and good profitable discussions, you will never have thin and barren meetings; your society will grow in interest and usefulness; the public will more and more appreciate the dignity and worth of our profession; and, what is better than all, you will find yourselves more and more knit together in the bonds of professional unity and harmony.

I hope great things from this organization in Detroit. You have started right and I have great faith that you will keep on right.

Your general plan of organization is, I think, most admirable. If it fails to bring out the best talent of the city, it will be your own fault—not the fault of the organization.

What you now need is *faithful workers*. Never let the society be disappointed in a promised paper, or a promised report. Let each one be as punctual in such matters as he would be in a consultation visit. Yes, even more so—for in the one case it is largely a *money* consideration, in the other it is a matter of science; in one case you may disappoint but *one* member of the profession, in the other many. Moreover, you have no moral right to the *time* of men whom you disappoint.

And let your discussions, gentlemen, always be in a kind and fraternal spirit. I do not mean by this that we should yield assent to every thing that is said or written. On the contrary,

I hope that your society will be noted for being sharply critical. The ablest and most learned organizations of the country—in both Europe and America—are, as a rule, the severest in their criticisms of apparent fact, and in their logical analysis of new and specious theories. Men who are the most earnest searchers after truth and who are the most profound workers are often those who are found most frequently challenging the *witnesses* and doubting the *facts*. But they do so for the reason that they are earnestly seeking to eliminate the true from the false. They do not want to rest in *active doubt*. Do not, therefore, I beg you gentlemen, be impatient of criticism, if it is tendered in the *right spirit*, and it is this *right spirit* that I am urging upon you. In no sphere of life is outspoken *frankness* so commendable as in associations of this kind. When we meet in professional council we should have no professional secrets, no mental reservations. Every member of the association should seek to give to his fellows, as opportunity offers, the very best workings of his brain, and he should expect from others, in return, the same generous contribution. This will make a live, working, harmonious and useful society—one alike honorable to the profession of Detroit, and to the individual members who constitute the Association.

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Two meetings in November were taken up in making some changes in the Constitution and By-Laws prior to having them printed. The first meeting in December was, for the most part, consumed in making the arrangements by which the Association assumed the publication of the DETROIT MEDICAL JOURNAL so that it was not until December 20th that a meeting was held, devoted purely to medical science. Of this and subsequent meetings we hope to give reports in the JOURNAL as may seem desirable or expedient. We have thus briefly sketched the history of the organization and preliminary work of "The Detroit Medical and Library Association." It is the earnest wish of its

members that it should become in reality a general medical society embracing in its membership every practitioner in good standing in the city of Detroit.

THEO. F. KERR, M. D.,
Secretary.

Calhoun County Medical Society—Its Re-organization

Monday, Dec. 4th, at 2 P. M., a large number of Medical gentlemen of the county of Calhoun, met at the office of Dr. John P. Stoddard, in the village of Albion, in response to a call issued informally sometime since, for the purpose of re-organizing the old Calhoun County Medical Society. A much larger number were in attendance from every point in the county, except Albion, than had been anticipated. Battle Creek was represented by Drs. Edward Cox, S. S. French, Mrs. M. A. Garcia and L. A. Foote; Marshall was represented by Drs. J. H. Montgomery and H. L. Joy; Homer by Drs. E. A. Collins and O. S. Phelps; Tekonsha, by Dr. O. C. Lyon; and Albion by Dr. John P. Stoddard.

The meeting was called to order by Dr. John P. Stoddard, who moved that Dr. J. H. Montgomery be the temporary chairman, which motion unanimously prevailed.

On taking the chair, Dr. Montgomery made a few very appropriate remarks, when, on motion, Dr. L. A. Foote was made temporary Secretary. Dr. S. S. French, of Battle Creek then moved that the chairman appoint a committee of three on permanent organization, who should report a Constitution and By-Laws, and also recommend a place for the next meeting. This motion prevailed.

The chairman appointed as such committee Drs. S. S. French, John P. Stoddard, and O. S. Phelps.

In order to give this committee time to make its report, the meeting then adjourned till 4 P. M.

On re-assembling at the time named the committee on organization reported a Constitution and By-Laws, which, after some minor amendments, were adopted. According to the new Constitution the Society will hereafter be known as the Calhoun County Medical Association, and its object "shall be mutual control, protection and improvement of its members, in medicine and collateral sciences," and its meetings are to be held quarterly.

In accordance with the recommendation of this committee, Marshall was selected as the next place of meeting.

The following named gentlemen were then elected by ballot as the permanent officers for the ensuing year :

President—Dr. J. H. Montgomery, of Marshall.

First Vice-President—Dr. Edward Cox, Battle Creek.

Second Vice-President—Dr. O. S. Phelps, Homer.

Secretary—Dr. John P. Stoddard, Albion.

Treasurer—Mrs. Dr. Garcia, Battle Creek.

The President then appointed the following committees :

On Ethics and Grievances—Drs. Edward Cox and O. S. Phelps.

On Public Health and Hygiene—Drs. H. L. Joy and O. C. Lyon.

On Epidemics and Endemics—Drs. John P. Stoddard and E. A. Collins.

On our Relations to Jurisprudence—Drs. S. S. French and L. A. Foote.

As Essayist for the next meeting the chairman appointed Mrs. Dr. M. A. Garcia. As a subject for discussion at the next meeting, the President selected Diphtheria, and appointed Drs. O. S. Phelps and O. C. Lyon to open and conduct the same.

After some further remarks from the chairman, the Association adjourned to meet at Marshall on the first Tuesday in March next, at 1 P. M.

J. H. MONTGOMERY, M. D., *President.*

JOHN P. STODDARD, M. D., *Secretary.*

Abstracts From Exchanges.

Practice of Medicine and Therapeutics.

EAR COUGH.—Dr. Dobell (Winter Coughs, page 111) after collecting a considerable number of observations, sums up our knowledge of ear cough as follows:

1. Ear cough is excited by an irritation of the meatus auditorius externus in certain persons.

2. These persons possess a hyperæsthetic condition of the nerve supplying that canal and in whom any slight titillation of this nerve induces a feeling of tickling in the throat.

3. This hyperæsthetic state generally exists in both ears. sometimes, however, only in one and occurs in about twenty per cent. of those examined.

4. Its existence can usually be traced back to childhood and is probably a congenital peculiarity.

5. The nerve of the ear concerned in the production of ear cough is not a branch of the vagus as Romberg and Toynbee have affirmed, but is a branch of the auriculo-temporal branch of the fifth cranial nerve.

6. This sympathy between the ear and the larynx is an example of a reflected sensation in which the connection between the nerves involved takes place in the floor of the fourth ventricle.

7. Vomiting is occasionally but rarely the result of the application of an irritant to the nerve distributed to the auditory canal.

HOW SHALL WE CURE A COLD IN THE HEAD?—Dr. D. Ferrier (London *Lancet*) has made an extensive trial of various substances to be used as snuffs, for curing a cold in the head. The following combination, if used at the beginning of an attack,

he regards as nearly a specific. R Muriate of morphia grs. ij, Acacia powder ʒ ij, Subnitrate of bismuth ʒij. One-quarter to one-half of this powder may be taken as a snuff in the twenty-four hours.

ASTRINGENTS—THEIR LOCAL ACTION ON THE BLOOD VESSELS.—H. Rosenstirn (Centralblatt für die Med. *London Medical Record*, Oct. 16, 1876) tested the local action of many astringents by placing them upon the mesentery of a curarized frog and estimating the lumen of the affected vessel by means of a microscope. To exclude reflex action the spinal cord was destroyed and the heart ligatured. Nitrate of silver in solutions of from one to ten per cent. acted most powerfully on the vessels. The contraction extended to about half the lumen of both arteries and veins and in a much less degree in the capillaries. The reaction occurred within a few seconds.

Stagnation generally took place in the vessels; permanent in the capillaries and temporary in the veins and arteries. Tannic acid had exactly the opposite effect. Under its influence the arteries dilate, even the veins and capillaries to the extent of one-half of their lumen and appear to be over filled with blood corpuscles. The dilated vessels become narrowed at once by the action of nitrate of silver. Gallic and pyrogallic acid have an action similar to tannic acid. Acetate of lead acts more feebly than nitrate of silver. It narrows most veins but no effect was observed on the capillaries. Sometimes also stand-still of the circulation occurs. A ten per cent. solution of sesqui-chloride of iron had no effect.

In a fifty per cent. solution it narrowed the vessels less than acetate of lead. This narrowing is limited to the arteries and veins while the capillaries dilate. The results of the alum solution were variable. Of their substances only nitrate of silver and acetate of lead contract the vessels.

VARIATIONS IN THE TYPE AND PREVALENCE OF SKIN DISEASES IN DIFFERENT COUNTRIES OF EQUAL CIVILIZATION.—After hearing and discussing a paper on this subject by Dr. James C. White, the Dermatological Section of the International Medical Congress, adopted the following conclusions: (Med. News Library, Oct. 16th.)

1. Certain obscure affections the etiology of which is little if at all understood even in those parts of Europe to which they are mostly confined, may be regarded as practically non-existent among us—of such are *prurigo*, *pellagra* and *lichen exudations rubra*.

2. Certain diseases directly connected with and dependent upon poverty and habits of personal uncleanness are less prevalent in the United States than in those parts of Europe of which we have sufficient statistical information for comparison. Examples of this class are are *animal parasitic affections* especially.

3. Some cutaneous affections of grave character which are dependent upon or a part of serious constitutional disorders are of less frequent occurrence and of milder type amongst us than in Europe in general or those parts of it where they are endemic. *Lupus*, the *syphilodermata* and *leprosy* are the most marked instances of this class.

4. Certain disorders of the skin, especially those of its glandular system and those connected more immediately with its nervous system are apparently more prevalent with us than in Europe. The most notable examples of the former are *seborrhœa acne*, and possibly the heat rashes of the latter, *herpes urticaria* and *pruritus*.

5. The type of certain acute congestive and nervous diseases of the skin is more severe in this country than abroad.

ECZEMA AND PSORIASIS—ARE THEY LOCAL DISEASES?—The Dermatological Section of the International Medical Congress, after hearing and discussing a paper on this subject, read by

Dr. L. D. Bulkley, adopted the following conclusions, (Med. News. Library, Oct. 25.)

1. Eczema and psoriasis are distinct diseases. The former is to be clearly distinguished from artificial dermatitis, and the latter from the eruptions of syphilis, scaly eczema and psoriasis.

2. Eczema and psoriasis cannot own a double causation or nature, at one time local and at another constitutional, but with other diseases may have a two-fold cause, a predisposing and an exciting.

3. Eczema and psoriasis in many of their features resemble the accepted constitutional diseases more than they do those recognized as local.

4. Eczema is most properly likened to catarrh of the mucous membranes—it is very probable that some attacks called catarrh are eczema and psoriasis of the mucous tissue.

5. Both eczema and psoriasis resemble gout and rheumatism in certain respects and are dependent upon a somewhat similar, although as yet unknown constitutional cause ; much of the skin lesion must be looked upon as the local result or remains of the diseases.

6. There as yet exists no microscopical or physiological proof that eczema and psoriasis are the sole result of local cell disorders, either congenital or acquired or due alone to perverted nerve action.

7. Local causes play a very important part in this etiology of eczema. They are probably inoperative in psoriasis.

8. Local treatment is often insufficient alone to remove the lesions of eczema and psoriasis, and cannot prevent or delay relapses ; its success does not necessarily demonstrate the local nature of these affections.

9. Constitutional treatment alone and singly, can cure many cases of eczema and psoriasis and prevent or delay re-

lapses in a certain proportion of cases. Under constitutional treatment is included every agency not properly classed among local measures.

10. The total weight of evidence and argument is that eczema and psoriasis are both manifestations of constitutional disorders and not local diseases of the skin.

Physiology.

ALCOHOL AS FOOD.—Dr. R. T. Edes (*Boston Med. Journal*, Oct. 5th, '76), in a study of this subject, draws the following conclusions :

1. Under some circumstances alcohol may be a food. Thus (a). Deprivation of nourishing and sufficiently varied and abundant rations, as in the case of soldiers, sailors, laborers, etc. (b). When for any reason ordinary food is not well assimilated, or the system has become habituated to alcohol as in some rare instances of habitual toppers, and in some wasting diseases. This substitution should be a matter of necessity, and not of choice.

(2). The healthy man with a full and varied supply of food needs absolutely no alcohol. Wine with food sometimes assists digestion, but the digestion which needs the aid is either enfeebled or overburdened. The most severe and long continued labor can be carried on better without alcohol than with it.

3. In the few cases in which this is not true, and where a small quantity of alcohol suffices merely to restore the normal vigor without excitement the previous condition is probably one of somewhat impaired vitality, perhaps more especially affecting the heart. As an addition to a diet already sufficient alcohol is, to say the least, useless in perfect health.

4. An occasional use of light wine or beer is a luxury and not a necessity. Experience shows that such a use cannot be regarded as seriously detrimental either to bodily or to mental vigor.

5. After a fatiguing day's work as a relaxation and agree-

able change, or as a prelude and assistance to the digestion of more appropriate food, alcohol may be looked upon as approaching more nearly to a true stimulant or restorative than under any other circumstance in health. We then expect from it neither intoxication or reaction.

6. An habitual overdose of alcohol leads to degeneration of important organs and undermines the vital powers.

7. There may be moral reasons for total abstinence, entirely distinct from the physiology.

8. The introduction of the use of light wine and beer, though not desirable in a community already in a state of ideal physical and moral perfection, is highly desirable as a substitute for the use of stronger liquors.

BILIARY SALTS. THEIR ACTION.—Drs. Feltz and Ritter (*London Lancet*, Sept. '76) have made some very careful experiments, bearing on the action of the biliary salts. They found that by injecting into animals small doses of a mixed solution of glycocholate and taurocholate of soda in the same proportions as in normal bile, a pathological state could be induced which lasted for five or six hours only, and was marked by bilious vomiting, diarrhoea, a slow pulse, and a slight reduction of temperature, and the frequency of the respirations.

The slowness of the pulse, and the diminished arterial tension were most marked soon after the injection of the bile acid, but persisted for some time after their elimination. The phenomena were next shown to occur after both the vagi and sympathetics were divided. Hence they are independent of any special action on the nervous system, unless on the cardiac centres themselves. When the heart was removed from the body, and allowed to imbibe the solution of the bile salts, its movements became irregular and then ceased altogether. Ordinary muscular fibre also refused to contract in a quarter of an hour after the same solution was dropped on it, while if a

solution of chloride of sodium of the same strength was substituted, its contraction was quite vigorous and energetic after a longer interval. Thus the independence of any nervous influence was decisively shown. This special paralysing effect on a muscle at once explains the slow pulse, the weak cardiac contraction, the diminution of the arterial tension, the lowering of the temperature, and the lessened number of respirations. Further it was shown that the bile solution retarded the movements of the blood corpuscles. In this way we have the data for more precise explanation of the effects of jaundice.

Surgery.

SUCCESSFUL REMOVAL OF THE SPLEEN.—M. J. Pean (*London Lancet*) reports a second successful case of splenotomy. Patient was a young married woman, aet. twenty-four, well developed; had been confined four times. Tumor was first noticed eighteen months before the operation. Grew very rapidly; interfered with digestion and respiration. The tumor was removed in much the same way as an ovarian tumor and the pedicle secured the upper part of the abdominal wound. No complication retarded the recovery, so that in a month she was allowed to go home. Five months after operation she was reported as doing well. This is the sixth recorded case of splenotomy, the two successful ones by Mr. J. Pean, the others by Kiichler, Spencer Wells and Kœberle.

GASTROTOMY—A SUCCESSFUL CASE.—Prof. Verneuil, of Paris, (*Medical Examiner*) reports the following unique case.

A boy, aet. seventeen, accidentally swallowed, February 1876, a solution of caustic potash. The symptoms of inflammation of the œsophagus were much relieved in fifteen days. Difficult deglutition continued and increased so that the last of March he was taken to hospital. For a time relief was afforded by bougies; but all efforts finally failed and extreme debility

ensued. On July 26th gastrotomy was performed, the patient being under the influence of chloroform. Careful antiseptic precautions were employed. An incision inclining obliquely downward and outward was made between the cartilages of the ribs on the left side, at an elevation corresponding to the assumed seat of the constriction. One small artery required ligature. The peritoneum was then carefully raised and divided with scissors. The stomach was now easily distinguished by its white color. It was then drawn forward between the lips of the external wound and there temporarily fixed by two long acupuncture needles. This done the portion of stomach so drawn forward was united to the edges of the wound at fourteen points by metallic sutures; the long needles were withdrawn and the wall of the stomach was divided to a limited extent, sufficient however, for the introduction of a large India-rubber bougie, which was kept fixed by a silver wire to the wall of the stomach. The length of the bougie placed in the stomach was 2.7 inches. The hemorrhage which ensued on division of the highly congested stomach was considerable, but was arrested by the usual means. The operation was not followed by any accident whatever, and as soon as the sutures came away the patient was able to swallow, as it were, some fluid nourishment. On August 20th he was able to get up and on September 10th could remain up the entire day.

The fistula looked healthy, its edges bordered by a fringe of smooth and red gastric mucous membrane. The appetite was good and nutrition evidently re-established, for by October 20th he had gained nearly 20 lbs. Movements of mastication are excited whenever nourishment is injected into the stomach.

This operation originated with M. Sedillot, of Strasburgh, in 1811, and since then has been repeated fifteen times, always with fatal result. These cases were operated upon under very unfavorable circumstances, as the cases were worn out by incurable diseases, as cancer, etc.

Obstetrics.

EXTRA UTERINE GESTATION—REMOVAL OF LIVING CHILD BY ABDOMINAL SECTION—RECOVERY OF BOTH MOTHER AND CHILD.—Dr. Jessop (*British Medical Journal*, Nov. 15, '76) reports the details of a case as above. The placenta was left untouched, the lower angle of the wound being left patulous to allow of the *debris* being discharged. The child was as healthy, vigorous and large as an average child born in the natural way. It survived 11 months, dying of croup and inflammation of the lungs. So far as we are aware this is the first case of extra uterine pregnancy in which both mother and child have been saved by abdominal section.

PLACENTA PREVIA—TREATMENT.—Dr. Davis, (Trans. Penn. State Med. Society, 1875), concluded a paper on this subject by giving his opinion as to the best method of treating placenta previa as follows:

If flooding calls for active interference before dilatation has begun, the bleeding should be controlled and the dilatation hastened. Preferable for this purpose he uses:

1. Molesworth's dilators, preceded if necessary by a sponge tent.
2. Barnes' dilators.
3. Tampon.
4. Ergot, if presentation be not transverse.
5. Evacuation of liquor amnii.

After the os is dilated, an inch and a half or two inches, if not covered by the placenta, rupture the membranes, and if hæmorrhage still continues apply the forceps. But if the os be covered by placenta, the application of the forceps must be preceded by the detachment of the placenta on one side.

In a large proportion of cases after the execution of this procedure, giving of ergot, kneading the abdomen, and applying the binder, bleeding will cease, and the case may be left to nature. If, however, the womb refuses to contract sufficiently to cause the head to tampon the os, and stop the bleeding, an

attempt should be at once made to apply the forceps, and once the blades of the instrument have been properly adjusted to the child's head, the accoucheur becomes master of the situation.

Version he would reserve for

1. Cases of transverse presentation, in which cephalic version cannot be performed.
2. Cases in which the blades of the forceps cannot be made to grasp the head within the cavity of the uterus.

Editorial.

NOTICE TO CORRESPONDENTS, ETC.—Communications intended for publication, and books for review, should be addressed to "Editors of Detroit Medical Journal, care of E. B. Smith & Co., Detroit."

All remittances of money, all letters on the business of the JOURNAL, pertaining to subscriptions or advertisements, should be addressed exclusively to the publishers, E. B. Smith & Co., corner Fort and Griswold Streets, Detroit, Mich.

Original Articles, Reports of Medical Societies, Observations, Correspondence, News, etc., of general interest, are respectfully solicited from every source. Articles should be practical and carefully prepared.

The Editors will not be responsible for statements made over the names of contributors.

Salutatory.

In making our obeisance to the professional public we are spared much of the embarrassment and diffidence which naturally attend a stranger's introduction. The journals to whose consolidation the DETROIT MEDICAL JOURNAL owes its origin, have for a number of years been more or less familiar to the reading portion of the profession and have enjoyed a certain degree of confidence and esteem. In our present capacity therefore we do not think we are at all presuming in addressing the patrons of the journals referred to, with some of that familiarity which is begotten of a prolonged acquaintance; and on the strength of that acquaintance we would ask for a continuance of the support and favor which were respectively accorded our predecessors.

It would seem fitting in this initial number of what is to a certain extent a new enterprise, to explain somewhat briefly

its origin and aims. The journals whom we succeed had latterly been regarded as the representatives of different phases of opinion on local medical politics and on questions in which it was thought the profession took a certain degree of interest. The field however from which they derived their support, although contributing as largely to the sustenance of each as from the nature of things could reasonably have been expected, was not large enough to keep in vigorous health such a publication as it was the ambition of their respective editors to be able to give to their readers. This fact taken in connection with the additional and more weighty fact that the existence of the two journals under circumstances which alone could justify the keeping alive of both was necessarily productive of an antagonism between their respective supporters which was incompatible with the best interests of the profession, rendered it very desirable that a compromise should be effected. This compromise was proposed by the Detroit Medical and Library Association and provided for the consolidation of the journals under the name we now hear and on a platform broad enough to receive all members of the regular profession and on which no question not affecting the higher and true interests of the profession shall have a place.

The DETROIT MEDICAL JOURNAL, therefore, will be found under its present management to be the organ of no party or interest, to advocate in a partisan spirit, no specific measure or feature of medical politics on which there is room for an honest difference of opinion among reputable medical men. In justice to themselves and in vindication of their record (should such vindication seem called for) the editors do not deny the right of any journal to advocate the interests of any school party or section, neither do they deny the possibility of circumstances under which such an advocacy is highly proper; they merely say that the terms on which their respective journals were con-

solidated forbid any such course in the conduct of the present journal; those terms provide for the cultivation of interests of more general, practical, and less questionable importance.

It will be the ambition of the present journal to become the medium of a free interchange of scientific thought among its readers, to stimulate to research and original effort and to furnish in a readable form, as an aid to efficient professional work an epitome, from month to month, of what is being done throughout the medical world, and more especially of what is transpiring at the great medical centres. It hopes ever to be found active and zealous in the support of the great underlying principles of medical ethics, those principles which are recognized and enunciated by the accredited authorities. It will welcome to its pages the discussion of any question of interest so long as such discussion shall be conducted in a courteous and impersonal manner. There is a strong tendency in the parties to a controversy to deal in personalities, and so long as the writer is dignified and gentlemanly, a certain flavor of the personal is in itself not strictly objectionable and we can imagine cases in which it would be difficult to avoid it; but the editors will reserve the right to discriminate and promise that no language not strictly gentlemanly, will be admitted to these pages. It is possible to criticize, and that somewhat caustically, without doing violence to that sense of propriety which gentlemen recognize by common consent. The days of gross personalities in science, however, are fast waning and it will be one of the aims of this journal to assist in the creation of an opinion on this subject such as no man, how prominent soever his position, may be indifferent to.

The circumstances attending the establishment of the DETROIT MEDICAL JOURNAL furnish grounds on which to build bright hopes for the future. Success, however, without the earnest good-will and active co-operation of the profession, is impossible. The present venture is assured of the former of

these pre-requisites and has a tolerably well-grounded hope that the latter will not be wanting. It is sincerely hoped that there may be such a union of these as will enable the management to issue such a journal as will reflect honor not only on itself, but also on the profession of the Peninsular State.

It has been deemed desirable in the conduct of this journal that the editors in their relations to the profession should retain their individuality. This desire will not be attributed to any personal motive on the part of either, but simply that that attraction which is inseparable from a personal intercourse may not be wanting. The fact that the writer of a given article is known, invests it with a certain degree of interest to the reader. Moreover, in a dual editorship, it may frequently be desirable to know to whom to give the credit or on whom to place the onus of ideas advanced. The editors, also, may not be in perfect accord on topics which either may wish to discuss, and in such cases the one may not wish to shoulder even half the responsibility of the others utterances. The authorship of all editorials therefore will be designated by the initials of the writer. In order, also, that there may be no clashing in the editorial department, any article written by one editor to which the other may object, will appear under the head of correspondence and thus relieve the journal of any responsibility for the views advanced.

It is here stated on behalf of the publishers that the subscription price of the journal has been placed at the lowest possible figure for a publication of its size. It will be necessary also, even at this figure, in order to ensure a reasonable profit on the investment, for all the subscribers to the old journals to transfer their names to the new subscription list. It will be necessary also to adhere rigidly to the cash system, and when this is understood, any who do not receive the February number need be harassed by no doubts as to the cause.

J. J. M.

Professional Matters in Detroit.

The past year in this city has been markedly a healthy one, and this fact, together with the financial depression, the effects of which have not escaped the profession, has made it a trying one to medical men. In the practice of medicine, as in commercial matters, there are some who have successfully met the reverses peculiar to their calling, but the many failures during the past years in business circles have had their counterparts in the financial embarrassments of medical men. That there should be any necessary connection between commercial depression and the affairs of the medical practitioner, may not at first glance be manifest, but that such a connection exists, is nevertheless a fact. That a scarcity of the circulating medium renders collections for services rendered very difficult in many instances, is self-evident and it is scarcely less evident to those engaged in active practice, that the *vis medicatrix naturæ* has during the past year been allowed to do its own work unassisted by medicine to an extent not previously known for a great many years, and this from a lack of the wherewithal on the part of patients to fee the physician. This stringency of money matters has developed habits of economy in the necessaries as well as in the luxuries of life, and whether the physician's services are classed among the latter or the former of these, it is a fact that he is not called upon with nearly the same promptness in cases of sickness as when business in the trades and in merchandise was more active. In the majority of instances where the family physician is now called into requisition, something more than his mere presence, with the hope and confidence which that presence inspires, is necessary to aid perverted nature in setting herself right.

The dullness among practitioners which is reported from all parts of the State, and from different sections of the country,

is doubtless largely owing to the cause above mentioned, but that the general good health of the community and freedom from diseases of an epidemic nature have been important factors in the causation, is not less certain. As we have intimated, the past year has been an unusually healthful one and we speak advisedly as far as this city is concerned. With the exception of the slight endemic of small-pox in the early spring, nothing of an epidemic nature has prevailed, to any considerable extent. In the months of January and February there were a number of fatal cases of measles and also a few grave cases of scarlatina, but as a rule these diseases were mild in their nature and sporadic. The summer, notwithstanding the mild and open winter which preceded it, and which it was thought would predispose to much sickness during the heated term, was singularly free from the diseases which are peculiar to that season and which prevailed to a serious extent and with severe fatality in some of the larger eastern cities. In all, save one particular the mortality reports of the past year, notwithstanding the increased size of the city, show an improvement in the death rate as compared with previous years. The exception is in the case of pulmonary consumption, that *bete noir* of science, the ravages of which neither sanitary regulations nor the improvements in therapeutics nor the discoveries in materia medica seem able to control. While the public, however, have so much cause for rejoicing there is still in this city a threatening danger, and that is of an epidemic of small pox. Since the prevalence of this most loathsome of all diseases last spring, the city has not been entirely free from its presence. The pest house has been closed for only a week during the whole year. With the advent of warm weather which brought with it the possibility of a free system of ventilation and the necessary sun-light and moisture for the production of the great enemy of small-pox, ozone, the disease materially subsided but did not wholly abate, and since cold weather has set in, the smoldering

flames are being fanned into a flame with the prospects of that becoming a conflagration. Usually efficient and alert to duty, our health officers manifest in this matter a most culpable apathy. We justly pride ourselves on our never-failing supply of pure water, our thorough system of sewerage and our broad and well-paved streets, but even these are not prophylactic against small-pox. Nothing but a general and effective system of vaccination can prevent its spread. Small-pox is a blot on the fair name of any civilized community. Its existence is a reproach to a people. We will refer to this matter again.

J. J. M.

Memoranda.

The "School of Medicine of Paris" is to be tripled in size.

On January 1, 1877, the *Clinic* passed into the hands of Dr. Roberts Bartholow.

A new epidemic of small pox has made its appearance in London, England.

The widow of the celebrated physiologist, Sir Charles Bell, F. R. S., died recently in London, Eng., at the age of 94.

Dr. John J. Billings is professional advisor to the Trustees of the embryo "John Hopkin's Hospital," Baltimore, Md.

Dr. Grainger Stewart has been elected Professor of Medicine, to fill the vacancy caused by the death of Prof. Laycock.

The American Dermatological Association will hold its second annual meeting at Niagara Falls, the first Tuesday in September, 1877.

The new clinical professors of the University of Pennsylvania are insisting upon a share in fees and in the final examination of the students.—*Boston Journal*.

Dr. Thos. Dwight has resigned the Professorship at the

Maine Medical School and Dr. S. H. Weeks, of Portland, is his successor.

Dr. J. A. Octerlony has resigned the chair of *Materia Medica* in the Louisville Medical College and the Kentucky School of Medicine.

The Medical College of the Pacific at its late commencement graduated twenty students, and Medical Department of the University of California an equal number, the latter graduating one woman.

The management of the St. Louis (Mo.) City Hospital has excluded medical teachers and students from its wards. All privileges accorded to the regular schools are given to the exclusive schools.

The *British Medical Journal*, Nov. 1876, says that the London Homœopathic Hospital, which a few years since contained sixty-five beds and was filled to overflowing, now contains but twenty-six patients.

Subscriptions for the Transactions of the International Medical Congress will be received at \$6 per copy until Jan. 15, 1877, by Dr. C. Wistar, 1303 Arch street, Philadelphia. After the above date the price will be raised.

The total imports of drugs for the fiscal year were four hundred and seventy-six million dollars, while the total exports were five hundred and ninety-six million dollars—a balance in our favor of one hundred and twenty-million dollars.—*Medical and Surgical Reporter*.

The late Dr. W. W. Moreland, of Boston, Mass., used to advise patients on their return from a winter resort in the South, "to follow the strawberries," and thus escape losing the benefit of a winter's exile by a premature return.

The winter sessions of the Philadelphia medical schools opened with unusually large classes.—(*Bost. Jour.*) A result due

to the Centennial advertising of these schools per the exhibition and the large number of medical associations meeting in Philadelphia the past summer.

The practical foundation of culture and virtue is food, good and abundant. A family half starved or improperly fed for a few generations, cannot produce vigorous brains. Whatever vigor they have goes to the reproductive organs—*Medical and Surgical Reporter*.

The *Gazette des Hosps.* report the case of a man whose pulse was only 21. The beats of the heart were regular—and excepting a hydrocele, the man seemed well and jovial.

Dr. R. B. Carter, in his recent work on the Eye, says that “the safest man is he who never invented an instrument in his life, but whose daily practice affords evidence that he can use those which have been invented by others.”

The Rhode Island Medical Society at its late meeting adopted a resolution declaring that among the most prominent causes of ill health among school children are “attending balls and parties, sitting up late at night, eating improper food, drinking tea and coffee, and especially reading works of fiction.”

Book Notices.

Any book noticed herein may be had of E. B. Smith & Co.,
Publishers and Booksellers, Detroit, Mich.

CONTRIBUTIONS TO REPARATIVE SURGERY. By Gurdon Buck, M. D. Cloth; pages, 276. 1876. New York: D. Appleton & Co.

In this volume we have the author's matured experience in the treatment of deformities produced by destructive disease or injury, congenital defects from arrest or excess of development and cicatricial contractions from burns. The work is abundantly illustrated by engravings from photographs. These photographs

were taken before treatment during successive operations, and after completion of treatment. Albums containing the original photographs are placed in the Army Medical Museum at Washington, and the Pathological Museum of New York Hospital.

These portrait figure illustrations are in a very complete sense a history of each operation. We know of no work in which engravings more conclusively teach the peculiar value of plastic surgery than the one before us.

After an introduction of twenty pages, the book is devoted to the details of twenty-nine cases. For convenience of description, these cases are divided into three classes. (1.) Those with loss of parts involving the face, and resulting from destructive disease or injury. (2.) Congenital defects from arrest or excessive development. (3.) Cicatricial contractions following burns.

Some important general observations are as follows; As to the choice of material in transplantation of skin, care should be taken that it be in a normal and healthy condition—not cicatricial. A patch of skin intended for transfer should have its long axis correspond to the direction in which the arterial vessels are distributed, and the free extremity of the patch should point towards their destination. To secure precision in adapting a patch of skin to a new locality, the author recommends as satisfactory the following method: The space to be filled up is perfectly prepared, and an exact pattern of it cut from oiled silk; then the pattern is applied to the surface from which the new material is to be taken. Small pins are then temporarily inserted erect in the skin at intervals around the pattern, and at a distance of one line from its margin, as an allowance for shrinkage. A larger allowance must be made for the length of the patch of skin beyond that of the pattern itself, so as to permit the patch to be brought around edgewise to its new location without causing any strain at its pedicle. The pattern may now be removed, the pins alone serving as a sufficient guide.

The three methods of transfer are clearly stated, viz.: that by approximation, by sliding, and by transfer to a distance. As to the treatment of the raw surface from which the patch of skin is taken, the following is advised: After all hemorrhage has ceased, the raw surface should be coated first with a uniform layer of scraped lint, and then with an additional layer of lint saturated with collodion. This dressing soon stiffens and forms an artificial scab, which will remain adherent from six to ten days, when it becomes detached by suppuration.

As to the cases, twelve have been already published in various medical journals, so that in a general way the profession is familiar with them. Still all general surgeons will buy this classical work, place it on their shelves, and before undertaking similar operations they will read Buck's experience. Further, it perfectly demonstrates that surgery advances, and thus attains results wonderful in their far reaching beneficence. The mechanical execution of the work is in Appleton's best style. L. C.

ON COUGHS, CONSUMPTION, AND DIET IN DISEASE. By Horace Dobell, M. D., F. R. M. C. S., etc. Cloth; pages, 220. 1877. Philadelphia: D. G. Brinton, 115 S. Seventh St.

This work is a compilation by Dr. Brinton, from the published lectures of Dr. Dobell, of London. The compiler fitly says that the author's clear style, large experience and thoroughly practical mind peculiarly adapt him to instruct in the delicate refinement of physical diagnosis. The frequency and grave character of the pulmonary diseases render their study of the first importance to the general practitioner. Although presenting somewhat the appearance of a scrap book, this compilation has been judiciously and carefully made. The practical utility of the material presented commend it to the attentive consideration of every practitioner.

Dobell emphasizes the fact that "*a safe diagnosis must be based upon the conjunction of evidence from many sources.*"

He maps the chest out according to *obvious anatomical points*, such as the clavicle ; its two ends and middle ; the scapula with its angles and spine ; the sternum with its divisions ; the ribs with their numbers ; their cartilages, etc. ; the axillæ ; the nipples ; the intercostal spaces with their numbers ; and the spaces above and below the bones mentioned.

His description of the means by which all the abnormal sounds produced by disease in the chest may be detected, is clear, and the means such as any student can possess.

Concerning the diagnosis of early phthisis, he says : " The absence of reliable signs of the earliest stage of tubercular deposit cannot be too forcibly impressed upon the young practitioner, who, with creditable zeal, is too apt to think and naturally prone to hope that by sufficient diligence, experience and care he may insure that no tubercle shall escape his searching examination. In this belief he will be often led to fancy that he has detected the presence of tubercle, where it does not exist, and to assume its absence where it really lies concealed."

A variety of physical signs are given, by one or more of which the deposit of tubercle may be first recognized, viz., prolonged respiratory sound ; jerking respiratory sound ; deficiency in the respiratory sound ; cough or harsh respiratory sound ; persistent signs of bronchitis confined to one apex ; cogged wheel rhythm of respiratory sound ; crumpling, buzzing, humming, kettle-singing and arrow root powder sounds, and lessened respiratory action, with prolonged expiration.

Hæmoptysis as a symptom is classified as follows : (1.) In a large number of cases it is simply the result of congestion and disintegration of a highly vascular organ in the course of a disease of constitutional origin. (2.) In a large number of cases it is simply the result of congestion and disintegration of a highly vascular organ in the course of diseases of local origin. (3.) In a certain number of cases it is simply the result of acci-

dents, over-distending the vascular system of the lungs and leading to rupture in the same way as similar over-distension leads to rupture of vessels in other parts of the body. Whether such over distension is competent to cause rupture of vessels, the walls of which are not previously diseased, is a very wide question. (4.) In a certain number of cases it is the result of the bursting of small aneurisms in the lungs, formed in the course of lung disease.

Vesicular Emphysema, he believes, is produced by pressure applied to the inner surface of the air cells during respiration.

Winter Cough, in most cases, depends on a combination of some or all the following conditions, viz., dilated right heart, collapsed lung, emphysema, thickened naso-pulmonary mucous membrane with narrowing of the air passages, catarrh of the naso-pulmonary mucous membrane of greater or less extent, an undue susceptibility of the naso-pulmonary mucous tract, local and general conditions favoring or producing susceptibility of the mucous membrane, cough and short breath; symptoms of the existence of the conditions already enumerated, dilated tubes, disintegration of lung tissue. Each of these is separately considered, and its relation to the cough pointed out.

To cure a cold without lying in bed, staying at home, or in any way interfering with business, is a desirable accomplishment. Dr. Dobell gives the following method, to be followed on the first appearance of the symptoms: (1.) Give five grains of ses. carb. of ammonia and five minims of liquor of morphia in an ounce of almond emulsion every three hours. (2.) At night give ʒiiss of liq. of acetate of ammonia in a tumbler of cold water after the patient has got into bed and been covered with several extra blankets; cold water to be drunk freely during the night, should the patient be thirsty. (3.) In the morning the extra blankets should be removed, so as to allow the skin to cool down before getting up. (4.) Let him get up as usual and take

his usual diet, but continue the ammonia and morphia mixture every four hours. (5.) At bed time the second night give a compound colocynth pill. Only twelve doses of the mixture are needed as a rule.

We have quotations enough to illustrate the practical scope of the work. It is a book to be profitably read by all — student or practitioner. While it contains little that is absolutely new, it is full of practical lessons by a master of the entire subject. We could have wished that the author had been his own compiler. The book is well printed on good paper. L. C.

ANNUAL REPORT OF THE SURGEON-GENERAL, U. S. A. 1876.
Paper; pages, 22.

In his report for last year, the Surgeon-General stated "that owing to insufficient clerical force, 5,765 official demands for information as to the cause of death in case of deceased soldiers, and the hospital record of invalids," he asked for an increase of this force. But owing to the legislation of the last Congress, twenty-six clerks were discharged. Further, the demands for this class of information increased fully one-fourth over those of the previous year. Hence, at the commencement of the present year, 31,171 cases remained to be disposed of. As a practical result, the aforementioned applications wait at least nine months after their receipt before they can be answered, and just applications for pension, made by needy widows and orphans, are delayed in the office for that time, a delay which would not occur if adequate clerical force were provided." The tabulation of the surgical data of the army, the continuation of the surgical portion of the Medical and Surgical History of the War, the compilation of descriptive catalogues of the surgical and anatomical materials of the Army Medical Museum have all advanced very slowly, owing to the reduced clerical force. The library has increased during the year by about 2,000 volumes, exclusive of pamphlets.

It is earnestly recommended that Congress authorize the printing of the MSS. catalogue of the library, and it is our hope that Congress may heed the suggestion. Progress is reported on the medical and surgical history of the war.

Of 175 candidates for appointment in the medical corps, only fifty were found qualified. With the material at his command, Surgeon-General Barns makes an excellent showing for the year—one that does honor to the medical profession.

L. C.

TRANSACTIONS OF THE COLORADO STATE MEDICAL SOCIETY.
1876. Paper; pages 90.

This pamphlet is issued with more than usual neatness and care. It contains the minutes of the three days' session, president's address and reports of several committees, a paper on neuralgia as a prevailing disease in this climate by Dr. T. G. Horn, one on a new elastic extension apparatus for use in spinal curvature, by Chas. Dennison, M.D., and one on renal calculus by H. A. Lemen, M.D.

Dr. A. Stedman presents a report upon features and characteristics of a few diseases peculiar to Colorado. In spite of the facts that the atmosphere is deficient in moisture, and that the soil absorbs rain and snow as fast as they fall, rheumatism and nasal catarrh prevail. The convalescence from acute diseases is more tardy than in lower countries. Persons in ordinary health and flesh find usually that a prolonged residence in this country reduces the weight, and among women and persons of nervous temperaments more especially, this decrease in weight is accompanied by a condition of nervous prostration, which is in fact but the depression which follows the excitement of the first months of their residence in Colorado. Sleep is lost; the system becomes anæmic, and the whole train of nervous, and in women, uterine disturbance, follow. In man this climatic action is less marked, yet few even of the stronger sex, after a few years' resi-

dence here can go without sleep as readily, or perform as much physical or mental labor as they have been accustomed to do.

Dr. H. A. Lemen, in a report on Pulmonary Consumption, gives in detail forty-four cases of phthisis, in which the results of careful physical exploration are given; treatment, progress of case, etc. Of the entire number nineteen improved—or a little over forty-three per cent. Some cures were effected; sixteen cases were fatal after an average duration of the disease for forty-two months. This is far below Dr. Williams' 198 observed cases, the average duration of disease in which was seven years and eight and seventy-two one hundredth months. He says that certain classes of consumptives die sooner in Colorado than in lower altitudes, viz: those in which one lung is extensively involved, or both to a less extent; in which the inherent tendency to dissolution is obstinate and continuous, the digestion and assimilation greatly impaired, the nervous system profoundly disturbed and depressed or exceptionably irritable, the mesenteric glands involved and an unusually high pulse and temperature standard.

L. C.

TRANSACTIONS OF THE MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA, 1876. Paper; pages 886.

Besides the minutes of the meeting this volume contains the President's address; addresses on Surgery, Obstetrics and Hygiene; a paper on Criminal Abortion; reports from twenty-two county societies; constitution of the society and list of members. In his address on Obstetrics Dr. R. Davis discussed placenta previa with special reference to its treatment. Dr. A. Nebinger, in his paper on criminal abortion, presented some startling facts gleaned from Philadelphia. Circulars were sent to the leading physicians in that city; all said that abortions were on the increase. As to the causes of the crime, the following were given: to hide shame; to avoid the inconvenience incident to pregnancy; fear of pains and risk of labor, but mainly to avoid the labor and expense of raising children and

the interference with pleasurable pursuits, fashions, etc. The writer thinks that the ignorance of the physiological laws of conception and development of the foetus is more effective in causing the commission of the crime than all else combined. He points out the fact that few abortions occur among the Jews or Catholics, and that most are among the Protestants. This is accounted for by showing that the former are taught by their religious instructors the sacredness of foetal life while the latter are left in total ignorance. The obvious remedy is to have the Protestant clergy instruct their flocks in this matter. The reports from the county medical societies were of usual interest.

L. C.

TRANSACTIONS OF THE MEDICAL ASSOCIATION OF THE STATE OF MISSOURI, AT ITS TENTH ANNUAL SESSION, APRIL 1876. Paper; pages 79.

The first noticeable feature of this report is the elegant manner in which it is issued. Twenty pages are taken up by the minutes of the meeting. The annual address was given by the President, Jno. F. Hodgen, M. D. It was confined to the discussion of "nerve sections for neuralgia," and "reflex induration for penis." His views on the former were illustrated by reports of five cases and of the latter by one case. Dr. Wm. Dickinson reported a rare case of "bepharospasm." Dr. A. J. Steele presents quite a full consideration of "torticollis." The report on surgery contained a paper by Dr. E. H. Gregory, Dr. J. W. Trader and Dr. A. P. Lankford. The last paper admirably set forth some of the advantages of resection of the knee joint.

L. C.

TRANSACTIONS OF THE NEW HAMPSHIRE MEDICAL SOCIETY, 1876. Paper; pages 170.

The reports of delegates and various committees, and the obituary notices, are well prepared and of special interest to the profession of New England. A general paper by Dr. A. B.

Crcsby, on cleanliness as a lost art in surgery, is of much value and would have been interesting had it not been *previously* read before a New York Medical Society and reported to the profession. The editing of the report was done with great care by the Secretary, Dr. G. P. Conn, of Concord, N. H. L. C.

A REPORT ON THE DEATH RATE OF EACH SEX IN MICHIGAN, AND A COMPARISON WITH DR. FARR'S LIFE TABLES OF HEALTHY DISTRICTS OF ENGLAND, WITH A STATEMENT CONCERNING THE INFANT MORTALITY IN MICHIGAN. Paper; pages 16. Reprinted from last Report of the American Public Health Association.

The actual death rate in the United States has never been positively ascertained. The tables here presented are based entirely upon evidence of the death rate in the state, the corrections for omissions in enumerating being based upon the following principle, heretofore untried in any locality. The principle is briefly stated as follows: "The number actually omitted because of a delay of a given time, as for instance of one year, is ascertained by comparing the results of two separate enumerations of the deaths in the same locality during the same time, one enumeration being made at one time by one set of officers, the other at a different time by a different set of officers. We thus find the proportion of deaths omitted after the lapse of a given time. It is assumed that the proportional number omitted is in proportion to the length of time which has passed since they occurred and before their enumeration." The results thus gained are of permanent value and the method pursued encourages the hope that from larger data it will yield proportionately greater results.

L. C.

TRANSACTIONS OF THE TEXAS STATE MEDICAL ASSOCIATION, 1874, 1872 AND 1873. Pages 208.

This pamphlet contains much of interest, but more of trash. We trust the meeting for 1876 can make a better showing.

WORLD'S FAIR, 1875.

CHILIAN MEDAL

AWARDED

WARNER & CO.

FOR THE MOST

SOLUBLE AND RELIABLE

**Sugar-Coated
PILLS.**



TO PHYSICIANS.

The efficacy of Sugar-Coated Pills depends in a great measure on the method of manufacture, as well as the purity and strength of material carefully selected or skillfully prepared.

The universal success attending their administration leads to the proof that our mode is correct. This can be readily verified by prescribing a pill, the effects of which are soon apparent, for instance, a cathartic, and the result will show that the full benefit of the medicine is derived when given in this convenient form.

Sugar is the most desirable material for the covering of pills. It is more soluble than gelatine, affords a handsomer pill, at less cost, without necessarily interfering with the solubility.

Warner & Co.'s, Pills are sold by Druggists throughout the country; and are endorsed by leading journals and medical practitioners.

We respectfully solicit your influence and patronage.

WM. R. WARNER & CO.

MANUFACTURING CHEMISTS,

AND

WHOLESALE DRUGGISTS,

PHILADELPHIA.

Favorite or Special Recipes made to Order for 3000 or more Pills.

A Liberal Discount from Prices within when Quantities are Ordered.

WARNER & CO.'S SUGAR-COATED PILLS.

[Extract from a letter.]

"MESSRS. WM. R. WARNER & CO.

"MONTREAL, Dec. 2d, 1872.

Gentlemen :

I shall have much pleasure in exhibiting your Pills to my classes, both at the University of Bishops College and at the College of Pharmacy—inasmuch as I have already used many of them in my private practice, and have always found them not only the most elegant form of administering medicines whose doses are small, but always efficient and reliable. In conclusion, gentlemen, I must congratulate you on the perfection to which you have carried this department of the art of pharmacy.

I remain, gentlemen,

Yours truly,

A. H. KOLLMYER, M.A., M.D., C.M.,
Professor Mat. Med. University of Bishops College,
Lecturer on Chemistry, Botany and Mat. Med.
in the Quebec College of Pharmacy, etc., etc."

SUGAR-COATED QUININE PILLS

From the St. Louis Medical and Surgical Journal,
W. S. Edgar, M. D., Editor.

"It is a matter of no small importance that physicians order their medicines in form convenient to be taken, reliable in quality and accurately divided in doses. Quacks often gain much favor by the care and labor they bestow on the convenience of exhibition of their medicines.

"Sugar-coating does not necessarily impair the quality of such medicines as are commonly thus inclosed, quinine, morphine, cathartics, etc. The chief point of interest is to know that the medicine is pure in quality, and uniform in quantity as labelled, which may be determined by analytical tests, and by the careful observation of the effects produced, Morphine, in the relief of pain, and quinine, in interrupting promptly an intermittent, leave little room for deception. We procured a variety of W. R. WARNER & CO.'s preparations, and have prescribed them as opportunity offered with *satisfactory evidence of their purity*, and reliability as to the quantity in each dose; also we extract the following paragraph from a letter by a competent analytical chemist:—

QUININE PILLS.

"I take pleasure in testifying that W. R. WARNER & CO.'s quinine pills are practically just what they claim to be, whether judged by analytical tests, or by the therapeutic effect obtained from their use.

A. B. LYON, M.D.,

"Detroit, Mich.

Analytical Chemist."



***** Sugar-Coated Pills are more soluble than Gelatine Coated or Compressed Pills.—*Prof. Remington's Paper read before American Pharmaceutical Association, Boston, 1875.*

WARNER & CO'S Phosphorus Pills.

Phosphorus is an important constituent of the animal economy, particularly of the brain and nervous system, and is regarded as a valuable remedy for the following diseases:

Lapse of Memory, Impotency, Softening of the Brain, Loss of Nerve Power, Phthisis, Paralysis and Neuralgia.

The Pilular form has been deemed the most desirable for the administration of Phosphorus. It is in a perfect state of subdivision, as it is incorporated with the material while in solution, and is not extinguished by oxidation.

This method of preparing Phosphorus has been discovered and brought to PERFECTION by us, and is thus presented in its elementary state, free from repulsive qualities, which have so long militated against the use of this potent and valuable remedy. This is a matter requiring the notice of the physician, and under all circumstances the administration of Phosphorus should be guarded with the greatest care, and a perfect preparation only used.

*Its use in the above named complaints, is supported by no less authority than Prof. Delpech, Prof. Fisher, of Berlin, Dr. Eames, (in the *Dublin Journal*), Dr. Burgess, and Dr. Hammond, of New York. The special treatment indicated in these cases is: 1st. Complete rest of mind, especially abstinence from all occupations resembling that upon which the mind has been overworked; 2nd. The encouragement of any new hobby or study not in itself painful, which the patient might select; 3d. Tranquility to the senses, which expressly give in these cases incorrect impressions, putting only those objects before them calculated to soothe the mind; 4th. A very nourishing diet, especially of shell-fish; 5th. The internal administration of Phosphorous in Pilular form, prepared by WILLIAM R. WARNER & CO.*

PILLS SENT BY MAIL ON RECEIPT OF LIST PRICES.

	Price
Pil Phosphori, 1-100 gr. in each,	- - - - -
Pil Phosphori, 1-50 " "	- - - - -
Pil Phosphori, 1-25 " "	- - - - -
Pil Phosphori Comp.,	- - - - -
Phosphorus, 1-100 gr. Ext. Nuc. Vomicae, $\frac{1}{4}$ gr.	- - - - -
Pil Phosphori et Nucis Vomicae,	- - - - -
Phosphorus, 1-50 gr. Ext. Nuc. Vomicae, $\frac{1}{8}$ gr.	- - - - -
Pil Phosphori et Ferri et Nuc. Vom.	- - - - -
Phosphorus, 1-100 gr. Ferri Carb. (Vallet) 1 gr. Ext. Nuc. Vom., $\frac{1}{4}$ gr.	- - - - -
Pil Phosphori et Ferri et Quiniae,	- - - - -
Phosphorus, 1-100 gr. Ferri Carb. (Vallet) 1 gr. Quinia Sulph., 1 gr.	- - - - -
Pil Phosphori et Ferri et Nuc. Vom. et Quiniae,	- - - - -
Phosphorus, 1-100 gr. Ferri Carb. (Vallet) 1 gr.	- - - - -
Ext. Nuc. Vom., $\frac{1}{8}$ gr. Quinia Sulph., 1 gr.	- - - - -

Treatise on "PHOSPHORUS; Its claims as a therapeutic agent."

Furnished on application. Address,

WILLIAM R. WARNER & CO.

Manufacturing Chemists,

No. 1228 Market St., Philadelphia.

IMPORTANT NEW REMEDIES.

(VINUM FERRI CUM CIBO.)

WARNER & CO.

Wine of Iron with Beef.

Liebig's Ext: Beef, Citrate of Iron and Malaga Wine.

TONIC, NUTRITIVE, STIMULANT.

THIS preparation possesses, in the highest degree, the valuable properties of its ingredients so combined as to form a pleasant remedy for Debility, Exhaustion, Impoverishment of the Blood, Convalescence, &c.

DOSE—One tablespoonful containing 2 grs. Cit: Iron and the virtues of one ounce of Beef.

In Pints per Doz. \$8.00!

(Vinum Ferri, Cibi et Cinchonæ.)

Warner & Co.

Wine of Iron with Beef AND CINCHONA.

Nutritive, Tonic and Antiperiodic.

The value of this preparation will be readily recognized by the scientific practitioner, embodying as it does the blood-making and life-sustaining elements which this combination affords for the relief of Exhaustion, Debility, Impoverishment of the Blood, Convalescence, Chlorosis, &c.

An adult dose is one tablespoonful one hour before meals. To children given in proportion.

In Pints per Doz. \$10.00.

PREPARED BY

WILLIAM R. WARNER & Co.

Manufacturers of

Sugar-Coated Pills, Fluid Extracts, &c.

**No. 1228 Market Street,
PHILADELPHIA.**

CAUTION!!—Specify McKesson & Robbins' Gelatine-Coated Pills.



MCKESSON & ROBBINS' Gelatine-Coated Pills.

Process and Machinery Patented.

We caution Physicians to specify MCKESSON & ROBBINS' on their prescriptions.

"**SOLUBILITY.**"—During a session of a Pennsylvania County Medical Society this summer, a discussion on ready-made Pills was introduced, and several eminent practitioners asserted their want of faith in the solubility of sugar-coated and compressed pills, on account of not yielding ready effect after administration, and stated that under personal observation they had known the sugar-coated pills to pass through the bowels undissolved. Some of these gentlemen had used McKesson & Robbins' Gelatine-Coated Pills and during considerable experience had always found them to produce the most prompt and positive action.

"**PHOSPHORUS PILLS.**"—A prominent physician of Ohio lately showed one of our representatives some of McKesson & Robbins' 1-100 gr. Phosphorus Pills, which he had purchased nearly two years before, and had traveled through the South most of the time (having the Pills with him). Upon cutting one of them open they found the phosphorus as fresh as the moment it was thus so perfectly sealed with the Gelatine. The Gelatine we use not being porous, all substances prone to oxidize quickly, like the Iodide and Proto-Carbonate of Iron, are perfectly protected in our Gelatine-Coated Pills.

"**QUININE PILLS.**"—A well-known and eminent physician of Ohio related to us the following case: He had been in the habit of prescribing the S. C. Quinine Pills for fastidious patients, though by experience, he doubted their reliability. Having seen and tried McKesson & Robbins' Gelatine-Coated Pills, he was pleased with their ready solubility and the careful manner in which they are prepared, and prescribed some of our Quinine Pills for a patient, for whom he had previously prescribed the Sugar-Coated; the next day the patient hastened to the Doctor and, in a very agitated manner, asserted that some mistake must have been made by the druggist in putting up those Quinine Pills, complaining that they had acted in a manner that he had never experienced with the Sugar-Coated Pills. His excited manner created much concern in the Doctors' mind, who inquired as to what action he had observed. He stated that shortly after taking he had experienced a fearful buzzing sensation in his ears, and that these symptoms followed each dose of the pills. The physician laughed heartily and told the patient to continue taking those pills, according to his directions, as he preferred having his patients' ears buzzy after taking Quinine, and ever since the physician has used McKesson & Robbins' Gelatine-Coated Pills altogether, and administers all remedies in this form that he can with convenience.

Quality will always be maintained, all ingredients and preparations which we use and manufacture, being carefully tested by a competent analytical chemist, employed by us for that purpose. The unreliability of many of the granules of Morphia, Strychnia, Corrosive Sublimate, and other important poisonous substances, having been the source of much concern to physicians, and danger to their patients, we would state that we have, in our laboratory, a system of checking and witnessing the weights of all poisons used, and registering in a book, kept for that purpose, with the names of witness (always a competent person) and operator. Our machines for division of the substances are so carefully and correctly constructed, as to insure an exactness, in even the smallest granules, never before arrived at in this class of preparations, and this precision applies as well to the larger pills. We can, therefore, afford assurance to the physician of correct weight and perfect division. We call attention to the small size of our gelatine-coated granules, less excipient being thereby required.

CAUTION!!—Specify McKesson & Robbins' Gelatine-Coated Pills.

The attention of Physicians is called to the therapeutical properties of some of the recent additions to List of

MCKESSON & ROBBINS' GELATINE-COATED PILLS.

SALICYLIC ACID PILLS, 2 $\frac{1}{2}$ and 5 grs......75c. and \$1.25 per 100

Our Pills present the best form for administering this now very important remedy, which has proved so efficacious in Rheumatism, and which is also extensively used as an Antiseptic and Febrifuge. It is claimed that the solutions, formed by the use of Sodium, Ammonium and other salts, produce combinations, which do not represent the full value of the free Acid.

EXTRACT GRINDELIA ROBUSTA PILLS, 3 grs......\$3.00 per 100

The Solid Extract is of our own manufacture and is ten times the strength of the Herb, and can be used much more readily and with better effect than any of the liquid preparations. The use of this remedy in Hay Fever, and all Asthmatic difficulties, has increased largely in the Eastern States and Europe, and its therapeutic value is conceded. (Dose, 1 to 3.)

EXTRACT GUARANA PILLS, 3 grs......\$3.00 per 100

This Solid Extract is also manufactured in our own laboratory and is twenty times the average strength of the drug. We offer these Gelatine-Coated Pills with confidence in their being the only accurate mode of preparing this widely used and much appreciated remedy, as the *drug* varies so much in strength; some preparations in the market have been found to consist largely of impurities. We carefully test each shipment we receive, and our Solid Extract is of superior and uniform quality. The value of Guarana, in many phases of sick, nervous and sun headache, and in irritations of the mucous membrane, has become well known to practitioners, and its happy effects, in Diarrhœa, Dysentery and kindred diseases, have been attested in numerous cases. (Dose, 2 to 3.)

DOVER'S POWDER PILLS, 2 $\frac{1}{2}$ and 5 grs......75c. and \$1.50 per 100

Affording an agreeable medium for the administration of this exceedingly nauseous compound, the value of these Pills will be readily seen by Physicians.

PHOSPHATES IRON, QUININE AND STRYCHNINE PILLS.....\$2.00 per 100

Each pill represents an equivalent of about two teaspoonfuls of Elixir, and is a much more preferable form, in being more agreeable to take and not objectionable to the weakest stomach, when Syrup or Elixir are rejected. As a tonic, this pill is deservedly popular. We also offer Iron, Quinine and Strychnine Pills, the Iron being in the form of Quevenne's or reduced.

QUININE, SULPHATE AND BI-SULPHATE, $\frac{1}{4}$, 1, 2, 3, 4 and 5 grs......For prices, see list.

Our Quinine Pills are well and favorably known, and their action more speedy and satisfactory than any others. We would call special attention to our 5 gr. Quinines, which, owing to form and nature of coating, are almost as easily swallowed as the ordinary 2 gr., and are very largely prescribed by the most eminent physicians of New York and other cities. Our Bi-Sulphate of Quinine Pills contain an additional equivalent of Sulphuric Acid, thus rendering the official Sulphate of Quinine *more* soluble; decidedly a great advantage over the ordinary Quinine Pill. [See *American Journal of Pharmacy*, XXV, 292.]

ERGOTIN PILLS, 3 grs......\$2.00 per 100

We manufacture our Ergotin from the best quality of fresh, selected Ergot, and contains in the most potent form all the active constituents of Ergot of Rye, each grain representing 10 grs. of Ergot. The value of Ergotin, in the place of the crude drug and the Fluid Preparations, is conceded and it is being largely administered both in this country and in Europe. It has taken a prominent place in the treatment of neurotic diseases. The advantages of prescribing it in our Gelatine-Coated Pills will be readily acknowledged. (Dose, 1 to 3.)

PHOSPHIDE ZINC & EXT. NUX VOMICA PILLS, (DR. HAMMOND'S FORMULA),...\$1.00 per 100

This formula has been very successfully used by Dr. Hammond and many other physicians in brain diseases, and its efficacy is well attested. P. Vigier, *Bull. Gen. de Therap.*, states that Phosphide of Zinc is more prompt and reliable in its action than free Phosphorus. (Dose, 1 to 2.)

SOLIDIFIED COPAIBA WITH OLEO-RESIN CUBEBA PILLS, 3 and 5 grs....75c. and \$1.25 per 100

We prepare both these ingredients in our own laboratory, with great care, and can assert their superior quality. The value of the Oleo-Resin Cubeba often offered in market is very slight, due to the fact that the largest proportion is powdered Cubeba Berries.

PEPSIN, BISMUTH AND STRYCHNINE PILLS, 5 grs......\$1.75 per 100

Representing this combination in the most agreeable and reliable form.

PHOSPHORUS PILLS, $\frac{1}{12}$, $\frac{1}{16}$, $\frac{1}{8}$ and $\frac{1}{100}$ gr......\$1.00 per 100

PHOSPHORUS COMPOUND, (Phosphorus, both $\frac{1}{16}$ and $\frac{1}{100}$ gr.).....\$1.25 per 100

PHOSPHORUS COMPOUND AND IRON.....\$1.25 per 100

The coating we use is in no degree porous and preserves the Phosphorus perfectly in the free state; by the excipient we use the Phosphorus is gradually eliminated in the stomach, thus avoiding the severe action which is experienced after taking the ordinary Phosphorus Pills. The McKesson & Robbins' Phosphorus Pills are used by many of the leading physicians throughout the country, and are stated by them to be the best medium for administering this very important remedy.

CAUTION!!—Specify McKesson & Robbins' Gelatine-Coated Pills.

PROTO-CHLORIDE IRON PILLS, 1 gr.....\$1.00 per 100

This salt of Iron seems destined to displace all other forms for general administration, possessing as it does the advantage of being more readily absorbed by the stomach, and so quickly taken up by the blood. It is the most natural preparation, as all Ferruginous compounds are more or less converted into proto-chlorides in the stomach by the action of the Hydrochloric acid of the gastric juice. It does not possess the objectionable features of other iron preparations, and is agreeably received by the stomach. (Dose, 1 to 2.)

EXTRACT SUMBUL PILLS, 1 gr.....\$2.00 per 100

This drug is receiving attention for its valuable action in the treatment of Hysteria and general spasmodic nervous disorders. (Dose, 1 to 3.)

NEURALGIA PILLS, (DR. BROWN SÉQUARD,).....\$2.00 per 100

NEURALGIA PILLS, (DR. GROSS,).....\$3.25 per 100

These well-known formulas have been largely prescribed in our Gelatine-Coated Pills since we have added them to our list.

QUININE, ARSENIC AND EXT. NUX VOMICA PILLS.....\$2.00 per 100

QUININE, PHOSPHORUS AND NUX VOMICA PILLS.....\$2.75 per 100

QUININE, COMP. AND EXT. DANDELION PILLS.....\$2.50 per 100

QUININE, COMP. AND STRYCHNINE PILLS.....\$2.00 per 100

These several Compounds of Quinine are indicated in a variety of cases.

LACTO-PHOSPHATE OF LIME PILLS, 5 grs.....\$2.00 per 100

This form possesses many advantages over the Syrup. Used with much success in Dyspepsia.

COMPOUND HYPOPHOSPHITES PILLS, (LIME, SODIUM, POTASSIUM AND IRON). \$1.50 per 100

Form the best possible medium for administering this remedy, which occupies so prominent a place for the treatment of lung diseases and bronchial affections.

Please be careful to *specify* MCKESSON & ROBBINS' Gelatine-Coated Pills, and *avoid imitations*.

Full lists furnished upon application. See list of formulas, last page.

IMPORTANT NOTICE!!

As a protection against imitations, we would specially caution Physicians to specify MCKESSON & ROBBINS' Gelatine-Coated Pills on their prescriptions and to see that MCKESSON & ROBBINS' are used, as some imitators are offering their pills in the market in the oval or spheroidal shape (introduced by us); and others are offering theirs, *in the round form without any manufacturer's name upon the package*, attempting to introduce their imitations through our previous advertisements, and offering, as inducements to Druggists, prices, in some cases, below cost of honest production.

Our attention has also been called to the fact that some Druggists are in the habit of substituting imitations of our Pills, when ours are intended and even specified by the Physicians. We cannot lay too much stress upon the necessity of Pharmacists purchasing their supplies of Pharmaceutical and Chemical Preparations, as also their crude Drugs, from responsible houses, in whom they can place implicit confidence; and Physicians, guardians as they are of the lives of their patients, should see to it that their prescriptions are faithfully and scrupulously filled, as the substitution of one article for another may be a matter of life or death. We offer this suggestion because inferior Pills have been offered, and the name, "GELATINE-COATED," has thereby suffered in the opinion of some.

In reply to many inquiries in regard to the infringements upon our patents, we would say that the death of one of the Circuit Judges has delayed the calendar of the Court in which our suit will be decided. We intend to protect our rights in this matter, and are pleased to see that most of the trade and profession respect them.

The NATURE of the COATING of a pill is not the only important consideration, the PILL ITSELF must be HONESTLY AND PROPERLY made. The best test of the superiority of both the COATING and CONTENTS of OUR PILLS, is the one of submitting them to LIVING SUBJECTS and noting results. One of the MCKESSON & ROBBINS' Gelatine-Coated Pills, placed in the mouth, will be relieved of its coating in less than two minutes. Physicians in the country would avoid disappointment in results by ordering MCKESSON & ROBBINS' PILLS in original bottles of 100 or 500 from their Druggists, or, where remoteness from sources of supply prevents, we will be happy to mail our Pills to any Physician's address upon receipt of list price.

CAUTION!!—Specify McKesson & Robbins' Gelatine-Coated Pills.

Formulas of McKesson & Robbins' Gelatine-Coated Pills.

We request Physicians to specify McKESSON & ROBBINS' on their Prescriptions, and avoid Imitations.

Acid, Arsenious.....1-40, 1-30 and 1-20 gr.	Iodide of Iron (Blancard's formula).....1 gr.	Potassium, Bromide.....2 and 5 grs.
Acid, Sulphuric.....2-12 and 5 grs.	Iodoform.....1 gr.	Quinine, Sulphate and Bi-Sulphate.....2 grs.
Aloes, U. S.....4 grs.	Iodoform and Iron.....2 grs.	Quinine, Sulphate and Bi-Sulphate.....1 gr.
Aloes and Assafoetida, U. S.....4 grs.	Ipecac & Opium (Dover's Powder, U.S.) 2½ grs.	Quinine, Sulphate and Bi-Sulphate.....1½ grs.
Aloes and Iron.....3 grs.	Ipecac & Opium (Dover's Powder, U.S.) 5 grs.	Quinine, Sulphate and Bi-Sulphate.....2 grs.
{ Pulv., Aloes, Soc., 1-2 gr.	Iron by Hydrogen (Quevenne's).....1 and 2 grs.	Quinine, Sulphate and Bi-Sulphate.....3 grs.
{ Pulv., Zingib. Jam., 1 gr.	Iron, Citrate and Quinine.....1 and 2 grs.	Quinine, Sulphate and Bi-Sulphate.....4 grs.
{ Ferri, Sulph., Exsic., 1 gr.	Iron, Proto-Carb. (Vallet's Mass.) 2 grs. & 3 grs.	Quinine, Sulphate and Bi-Sulphate.....5 grs.
{ Extract, Conil., 1-2 gr.	Iron, Proto-Carb. (Vallet's Mass.).....5 grs.	Quinine and Aloes.....1 gr.
Aloes and Myrrh, U. S.....1 gr.	Iron, Proto-Chloride.....1 gr.	{ Quinine, Sulphas, 3-4 gr.
Aperient.....	Iron, Quinine and Strychnine.....	{ Pulv., Aloes, Soc., 1-4 gr.
{ Ext., Nucis Vom., 1-3 gr.	{ Ferrum, Redactum, 1 gr.	Quinine, Arsenic and Nux Vomica.....
{ Ext., Hyosciami, 1-2 gr.	{ Quinine, Sulphas, 1 gr.	{ Quinine, Sulphas, 1 gr.
{ Ext., Coloc. Comp., 2 grs.	{ Strychnia, 1-60 gr.	{ Acid, Arsenous, 1-60 gr.
Assafoetida.....2 grs.	Lime, Lacto-Phosphate.....5 grs.	{ Ext., Nucis Vomica, 1-4 gr.
{ Assafoetida, 1-12 grs.	Mercury, Bin-Iodide.....1-16 gr.	Quinine and Iron.....
{ Pulv., Saponis, 1-2 gr.	Mercury, Prot-Iodide.....1-4 gr.	{ Quinine Sulphas, 1 gr.
Assafoetida, U. S.....4 grs.	Morphine, Acetate.....1-8 and 1-4 gr.	{ Ferrum Redactum, 1 gr.
{ Assafoetida, 3 grs.	Morphine, Sulphate.....1-8, 1-6 and 1-4 gr.	Quinine and Carbonate Iron.....
{ Pulv., Saponis, 1 gr.	Morphine Valerianate.....1-8 gr.	{ Quinine, Sulphas, 1 gr.
Assafoetida and Nux Vomica.....	Neuralgia (Brown-Sequard).....	{ Ferri, Sub. Carb., 2 grs.
{ Assafoetida, 3 grs.	{ Ext., Hyosciami, 2-3 gr.	Quinine, Phosphorus and Nux Vomica.....
{ Ext., Nucis Vom., 1-4 gr.	{ " Conil., 2-3 gr.	{ Quinine, Sulphas, 1 gr.
Atropia.....1-60 gr.	{ " Ignatili Amarae, 1-2 gr.	{ Phosphorus, 1-60 gr.
Blue Pill, U. S.....1, 2 and 5 grs.	{ " Opil., 1-2 gr.	{ Ext., Nucis Vomica, 1-40 gr.
Calomel.....1-2, 1, 2 and 5 grs.	{ " Aconiti, 1-3 gr.	Quinine, Phosphorus and Nux Vomica.....
Cannabis Indica Extract.....1-2 gr.	{ " Cannab. Indicae, 1-4 gr.	{ Quinine, Sulphas, 1 gr.
Cathartic Vegetable.....3 grs.	{ " Stramonii, 1-2 gr.	{ Phosphorus, 1-60 gr.
{ Ext., Col. Comp., pulv., 1-12 grs.	{ " Belladonnae, 1-6 gr.	{ Ext., Nucis Vomica, 1-4 gr.
Ext., Podophylli, - - - 3-8 "	Neuralgia (Dr. Gross').....	Quinine Compound.....
Res., Leptandrea, - - - 1-4 "	{ Quinine, Sulphas, 2 grs.	{ Quinine, Sulphas, 1 gr.
Jalapae pulv., - - - 1-8 "	{ Morphine, Sulphas, 1-20 gr.	{ Ferrum, Redact., 1 gr.
Aloes Socotrina Pulv., - - - 1-4 "	{ Strychnia, 1-30 gr.	{ Acid, Arsenous, 1-32 gr.
Ext., Hyosciami, - - - 1-2 "	{ Acid Arsenous, 1-20 gr.	Quinine Compound and Extract Dandelion.....
Ol., Mentha Pip.....	{ Ext., Aconiti, 1-2 gr.	{ Quinine, Bi-Sulph., 1-14 grs.
Chinoline.....3 grs.	Neuralgia (Dr. Gross') as above, without	{ Ferri, Sulph., Exsic., 2 gr.
Cinchona, Sulphate.....3 grs.	{ Morphine.....	{ Acid, Arsenous, 1-24 gr.
Cinchonina, Sulphate.....1, 2 and 3 grs.	Opium, U. S.....1 gr.	{ Extract, Taraxaci, 1-4 grs.
Colocynthis, Comp., Extract.....3 grs.	Opium and Acetate of Lead.....2 grs.	Quinine Compound and Strychnine.....
Cook's.....3 grs.	{ Opil, Pulv., 1 gr.	{ Quinine, Sulphas, 1 gr.
{ Pulv., Aloes, Soc., 1 gr.	Opium and Camphor.....	{ Ferrum, Redactum, 1 gr.
{ Hydrarg., Chlor., Mite, 3-4 gr.	{ Opium, 1 gr.	{ Strychnia, 1-20 gr.
{ Pulv., Rhei, 1 gr.	{ Camphor, 2 grs.	{ Acid, Arsenous, 1-20 gr.
{ Pulv., Saponis, 1-4 gr.	Pepsin.....5 grs.	Quinine, Valerianate.....1-2 gr.
Copaiba.....3 grs.	Pepsin and Bismuth.....5 grs.	Rheumatic.....
Copaiba and Oleo Resin Cubebs.....3 grs.	{ Pepsin, 2 grs.	{ Ext., Coloc. Comp., 1-12 grs.
{ Pil., Copaiba, 2 grs.	{ Bismuth, Sub-Nit., 3 grs.	{ Ext., Colic. Acut., 1 gr.
Oleo-Resin Cubebs, 1 gr.	Pepsin, Bismuth and Strychnine.....5 grs.	{ Ext., Hyosciami, 1-3 gr.
Copaiba and Oleo Resin Cubebs.....5 grs.	{ Pepsin, 2-12 grs.	{ Hydr., Chlor., Mite, 1-3 gr.
{ Pil., Copaiba, 3 grs.	{ Bismuth, Sub-Nit., 2-12 grs.	Rhubarb, U. S.....
Oleo-Resin Cubebs, 2 grs.	{ Strychnia, 1-60 gr.	Rhubarb Compound, U. S.....
Corrosive Sublimate.....1-40, 1-30 and 1-20 gr.	Phosphates Iron, Quinine and Strychnine.....	Santonin.....1 gr.
Dinner (Lady Webster's).....3 grs.	{ Ferri, Phosphas, 2 grs.	Santonin and Calomel.....
{ Pulv., Aloes, Soc., 1-45 grs.	{ Quinine, Phosphas, 1 gr.	{ Santonin, 1 gr.
{ Pulv., Mastiche, 3-5 gr.	{ Strychnia, Phosphas, 1-60 gr.	{ Calomel, 1 gr.
{ Pulv., Rosae, Gallicae, 3-5 gr.	Phosphorus.....1-100, 1-50, 1-20 and 1-12 gr.	{ Chocolate.
Dover's Powder, (see Ipecac and Opium.)	Phosphorus Compound.....	Strychnine.....1-60, 1-40 and 1-30 gr.
Emmenagogue.....	{ Phosphorus, 1-60 gr.	Sumbul, Extract.....1 gr.
{ Ergotin, - - - 1 gr.	{ Ext., Nucis Vomica, 1-4 gr.	Tonic (Dr. Aiken).....
{ Ext., Helleb., Nig., 1 gr.	Phosphorus Compound and Iron.....	{ Quinine, Sulph., 1 gr.
{ Ferri, Sulph., Exsic., 1 gr.	{ Phosphorus, 1-100 gr.	{ Acid, Arsenous, 1-50 gr.
{ Aloes, Soc., Pulv., 1 gr.	{ Ferri, Phosphas, 1-2 gr.	{ Ferrum, Redactum, 2-3 gr.
{ Ol. Sabinæ, 1-4 gr.	{ Ext., Nucis Vomica, 1-8 gr.	{ Strychnia, 1-50 gr.
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Ferruginous (Bland).....3 grs.	Podophyllin Compound.....	{ Extract Aloes, 2 grs.
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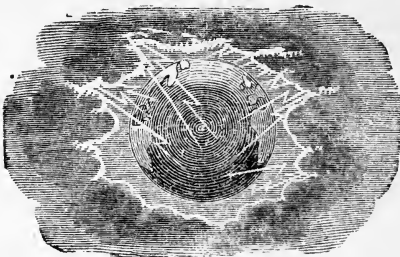
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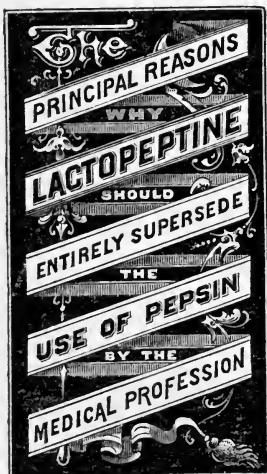
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CITY OF NEW YORK.

SESSIONS OF 1876-'77.

THE COLLEGIATE YEAR in this Institution embraces a preliminary Autumnal Term, the Regular Winter Session, and a Spring Session.

THE PRELIMINARY AUTUMNAL TERM for 1876-'77 will open on Wednesday, September 13th, 1876, and continue until the opening of the Regular Session. During this term, instruction, consisting of didactic lectures on special subjects and daily clinical lectures, will be given, as heretofore, by the entire Faculty. Students expecting to attend the Regular Session are strongly recommended to attend the Preliminary Term, but attendance during the latter is not required. *During the Preliminary Term, clinical and didactic lectures will be given in precisely the same number and order as in the Regular Session.*

THE REGULAR SESSION will commence on Wednesday, September 27th, 1876, and end about the 1st of March, 1877.

FACULTY.

ISAAC E. TAYLOR, M. D.

Emeritus Professor of Obstetrics and Diseases of Women, and President of the Faculty.

JAMES R. WOOD, M. D., LL. D.,
Emeritus Prof. of Surgery.

FORDYCE BARKER, M. D.,
Professor of Clinical Midwifery and Diseases of Women.

AUSTIN FLINT, M. D.,
Professor of the Principles and Practice of
Medicine and Clinical Medicine.

W. H. VAN BUREN, M. D.,
Professor of Principles and Practice of Surgery,
Diseases of Genito-Urinary System
and Clinical Surgery.

LEWIS A. SAYRE, M. D.,
Professor of Orthopedic Surgery, Fractures and
Dislocations, and Clinical Surgery.

ALEXANDER B. MOTT, M. D.,
Professor of Clinical and Operative Surgery.

WILLIAM T. LUSK, M. D.,
Professor of Obstetrics and Diseases of Women
and Children, and Clinical Midwifery.

EDMUND R. PEASLEE, M. D., LL. D.,
Professor of Gynecology.

WM. M. POLK, M. D.,
Professor of Materia Medica and Therapeutics,
and Clinical Medicine.

AUSTIN FLINT, JR., M. D.,
Professor of Physiology and Physiological Anat-
omy, and Secretary of the Faculty.

ALPHEUS B. CROSBY, M. D.,
Professor of General, Descriptive and Surgical
Anatomy.

R. OGDEN DOREMUS, M. D., LL. D.,
Professor of Chemistry and Toxicology.

EDWARD G. JANEWAY, M. D.,
Professor of Pathological Anatomy and Histol-
ogy, Diseases of the Nervous System,
and Clinical Medicine.

PROFESSORS OF SPECIAL DEPARTMENTS, ETC.

HENRY D. NOYES, M. D.,
Professor of Ophthalmology and Otology.

JOHN P. GRAY, M. D., LL. D.,
Professor of Psychological Medicine and Medi-
cal Jurisprudence.

EDWARD L. KEYES, M. D.,
Professor of Dermatology, and Adjunct to the
Chair of Principles of Surgery.

EDWARD G. JANEWAY, M. D.,
Professor of Practical Anatomy. (Demonstra-
tor of Anatomy.)

LEROEY MILTON YALE, M. D.,
Lecturer Adjunct upon Orthopedic Surgery.

A. A. SMITH, M. D.,
Lecturer Adjunct upon Clinical Medicine.

A distinctive feature of the method of instruction in this College, is the union of clinical and didactic teaching. All the lectures are given within the Hospital grounds. During the Regular Winter Session, in addition to four didactic lectures on every week-day except Saturday, two or three hours are daily allotted to clinical instruction.

The Spring Session consists chiefly of Recitations from Text-books. This term continues from the first of March to the first of June. During this Session, daily recitations in all the departments are held by a corps of examiners appointed by the regular Faculty. Regular clinics are also given in the Hospital and College building.

FEES FOR THE REGULAR SESSION.

Fees for Tickets to all the Lectures during the Preliminary and Regular Term, including Clinical Lectures.....	\$140 00
Matriculation Fee	5 00
Demonstrator's Ticket (including material for dissection).....	10 00
Graduation Fee.....	30 00

FEES FOR THE SPRING SESSION.

Matriculation (Tickets good for the following Winter).....	5 00
Recitations, Clinics and Lectures.....	35 00
Dissection (Tickets good for the following Winter).....	10 00

Students who have attended two full Winter courses of lectures may be examined at the end of their second course upon Materia Medica, Physiology, Anatomy, and Chemistry, and if successful, they will be examined at the end of their third course upon Practice of Medicine, Surgery, and Obstetrics only.

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Professor of Ophthalmology and Aural Surgery.

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Professor of Physiology and Clinical Medicine.

RECITATION SESSION.

H. O. WALKER, M. D.,
Lecturer on Genito-Urinary System and Rectum.

DANIEL LAFERTE, M. D.,
(Demonstrator of Anatomy) and Lecturer on Orthopaedic Surgery and Tumors.

J. G. JOHNSON, M. D.,
Lecturer on Diseases of Mind and Nervous System.

DAVID INGLIS, M. D.,
Lecturer on Histology, Curator of Museum and Librarian.

J. H. CARSTENS, M. D.,
Lecturer on Differential Diagnosis.

E. L. SHURLEY, M. D.,
Lecturer on Diseases of Throat and Lungs.

F. A. SPALDING, M. D.,
Lecturer on Diseases of Skin.

C. C. YEMANS, M. D.,
Lecturer on Chemistry.

The Collegiate Year is divided into three sessions.

PRELIMINARY SESSION opens Wednesday, September 6th, 1875, and continues one month. The Clinics are held and the Lectures delivered by the Professors of the regular Faculty, and in the same order and frequency as during the Winter Term. Opportunity is given to dissect or work in the Chemical Laboratory.

The **REGULAR SESSION** opens Wednesday, October 4th, 1875, and continues five months. During this term all the branches of *General Medicine and Surgery*, both scientific and practical, are taught with care and thoroughness. All students are daily examined on the subjects of the lectures and on their dissecting and laboratory work.

Senior students have *daily practice* in the art of examining patients, in forming their own diagnosis, prognosis and treatment. As this is done under the direction of the professor holding each clinic, and in the presence of the class, it constitutes an invaluable course of training.

The **RECITATION SESSION** begins second Wednesday in March, 1877, and continues four months. Daily during this term there will be held a lecture, recitation, and one or two clinics. The lectures will be upon special subjects of medical or surgical interest.

The recitations will embrace the general subjects of the Regular Session, viz., Anatomy, Surgery, Midwifery, Diseases of Women, Physiology, Practice of Medicine, Materia Medica and Chemistry.

Though the Recitation and Preliminary Sessions are optional, it is hoped that all who can will avail themselves of their manifest advantages in supplementing the regular winter course.

Three hospitals—Harper's, St. Mary's and St. Luke's—with two large free dispensaries, afford an abundance of clinical material for illustrative and practical teaching.

All lectures are delivered on Hospital grounds. The *peculiar feature* of this school is the *intimate union* between its *laboratory, clinical* and *didactic* instruction.

FEES.—For Preliminary and Regular Sessions: Matriculation \$5. Hospital Fees (good for one year), \$10. Lecture Fees, \$40. Graduation, \$25. Lecture fees to third course students, \$25.

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